

**A MEDICO-LEGAL EXAMINATION OF HOMOSEXUAL WOMEN AND THEIR CHILDREN:  
ETHICAL CONSIDERATIONS AND  
THE ROLE OF THE CLINICAL PSYCHOLOGIST**

Thesis submitted in partial fulfilment of the requirements for the degree  
of Master of Science in Clinical Psychology

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## ABSTRACT

Past and present legal and medical proscriptions towards female homosexuality were reviewed, and the role of the women's movement and gay liberation organisations were considered in effecting social change. The legal predicaments of homosexual mothers seeking child custody was noted and the concerns of the court outlined and used to organise a comprehensive review of the literature on aetiology, personality adjustment, psychiatric status, life style and mothering capabilities of gay women. The effects on children raised by a homosexual mother were evaluated and it was noted that this experience cannot be separated from the child's experience of the effects of divorce and absent fathering amongst other things. A case study was presented, and the concerns of the court were found to be generally unwarranted and most difficulties experienced by the child seemed to be secondary problems relating to social prejudice and stigmatization. Ethical considerations were documented concerning the role of the psychologist in terms of social reform, research, community involvement, modes of therapy, legal reform and child custody disputes. Future directions were considered.

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## **SECTION A**

### **THE SOCIAL, MEDICAL AND LEGAL STATUS OF FEMALE HOMOSEXUAL BEHAVIOUR PAST AND PRESENT**

CHAPTER ONE : HISTORICAL ANALYSIS OF WESTERN ATTITUDES TOWARDS  
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## INTRODUCTION

Hall, (1978) suggests that any comprehensive investigation of female homosexuality will not be adequate or fully representative unless it provides some insight into the wider socio-cultural issues concerning homosexual behaviour. Clearly, homosexual people are a minority group in western society (Goffman, 1963) and may be subject to particular external influences that do not necessarily influence the person representing the norm. Although stigmatization and its psychological effects will be specifically discussed later in this thesis, and in some detail, the purpose of Section A is to locate the main issue, that is, **gay motherhood** into a broader historical framework, and to provide the foundation which will influence specific issues to be detailed in later chapters of this work.

As such, the concept of homosexuality will be defined and cross cultural incidence assessed in Section A. A brief historical analysis of western attitudes towards homosexuality, as reflected in past and present religious and medico-legal prohibitions will be presented. The role of the growth of the women's movement and gay liberation will be described and considered partially responsible for the attainment of some changes in western attitudes towards homosexuality, particularly as reflected in the psychiatric and legal professions.

Finally in this section, and becoming more specific, chapter three will present an account of how current legal prohibitions affect homosexual mothers involved in child custody disputes. In this chapter, the concerns

of the court regarding the children of gay women are presented, and provide a useful format for organising an investigation into gay women and their children as will be done in Section B of this work, when these concerns will be assessed in the light of an extensive literature review.

## DEFINITION OF TERMINOLOGY

Prior to examining the social, medical and legal status of homosexual behaviour, it is necessary to define accurately the terminology to be used in this thesis, particularly as the psychological literature on homosexuality reflects a confusion of terminology. (Kinsey, 1953) Researchers have traditionally failed to define succinctly what they mean when they use the words homosexual, lesbian or gay.

The word homosexual is derived from the Greek word "homo" meaning sameness, and was first used to describe men and women involved in sexual relationships with the same-sexed person. (Bullough, 1974-76) Over the past few decades, there has been a growing tendency by researchers, clinicians, and the public at large to use the word homosexual when referring to two men engaged in sexual relationships, and the word lesbian when referring to women. (Kinsey, 1953; Schurink, 1979) Since the late 1960s the colloquial word gay has been used interchangeably as a synonym for homosexuality and seems to have arisen out of the mass-militancy of the homosexual movement of the time. (Licata, 1980)

Unfortunately, the words homosexual, or lesbian or gay themselves seem to have become negative substantives for people engaged in same-sexed

relationships rather than descriptive terms for the behaviour displayed by them. (Kinsey, 1953) In addition problems of poor terminological definition in the research on homosexuality has terminated in research data which is frequently incomparable with other studies (Morin, 1977), as the same concepts have been used interchangeably to measure different things; or different concepts have been used to measure similar variables.

Morin (1977), in a review of the literature found that three distinct categories of definition could be isolated, each with a different meaning: where homosexuality and/or lesbianism and/or gayness is taken to mean

the degree of homosexual behaviour as assessed on the basis of a sexual history as in Kinsey's (1953) work;

erotic preference (either behaviour or fantasy) towards the same-sexed person as in Jones' (1981) work;

that which subjects call themselves on self-report inventories as in Evans' (1969) work.

As a result the researcher in this field is faced with a proliferation of literature which needs to be carefully assessed and matched, and which frequently makes meaningful scientific analysis difficult.

For the purposes of this study<sup>1</sup>, and as an attempt to gain terminological

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1. Throughout this work the author will use the words homosexual, lesbian and gay interchangeably, but will take it to refer **specifically** to **same-sexed sexual behaviour**, between people. Because of the inherent negative connotations of these words the author feels compelled to implicitly state that she uses them **only** because of semantic difficulty in constructing alternatives, and for ease of presentation. She intends no prejudice by doing so.

clarity, the writer follows the definition used by Mucklow and Phelan (1979), and the words homosexual, lesbian and gay refer interchangeably to the **behaviour** of persons who are **psychologically, emotionally, and sexually** attracted **primarily** to others of the same sex, as assessed on the basis of a sexual history. (Kinsey, 1953)

#### CROSS-CULTURAL INCIDENCE OF HOMOSEXUAL BEHAVIOUR

Goethe wrote that homosexual behaviour is as old as man himself, and it is generally felt that most civilizations at particular times have approved of homosexual love affairs. (Kinsey, 1953)

Ford and Beach (1952), in the most extensive and significant cross-cultural review undertaken in this field, studied 76 societies and the attitudes prevailing in these societies towards homosexual behaviour.

Of the societies studied, 64% approved of some form of homosexuality, the most common being male transvestism, where the transvestite becomes the "wife" of the other man. In 36% of these societies, adult homosexual behaviour was reported to be rare, totally absent, or performed only in secrecy. In these societies, very definitive social pressure, the most extreme being death, was seen to be exerted against homosexual behaviour. Ford and Beach concluded that the absence of homosexuality in a society seemed to be directly related to specific social prohibitions and punishments. For women in these 76 societies, lesbian activity seemed to have been accorded far less attention, than male homosexuality, with only 22% of these societies reporting open practice of female



homosexual behaviour.

From the above it seems that modern western civilization closely resembles those 29 societies where homosexual behaviour has traditionally been prohibited. The Ford and Beach, (1952) study raises the question of the origin of these prohibitive attitudes in the western world and in chapter one early religious, medical and legal prohibitions towards homosexual behaviour in western societies will be presented.

## CHAPTER ONE

HISTORICAL ANALYSIS OF WESTERN ATTITUDES TOWARDS HOMOSEXUALITY, AS REFLECTED IN RELIGIOUS, MEDICAL AND LEGAL PROHIBITIONS : THE IMPACT THIS CENTURY OF THE WOMEN'S MOVEMENT AND GAY LIBERATION

1. EARLY RELIGIOUS AND MEDICAL STATUS OF HOMOSEXUAL BEHAVIOUR
2. EARLY LEGAL PROHIBITIONS OF HOMOSEXUAL BEHAVIOUR
3. THE IMPACT THIS CENTURY OF THE WOMEN'S MOVEMENT AND GAY LIBERATION ON WESTERN ATTITUDES TOWARDS HOMOSEXUALITY
  - 3.1 The women's movement
  - 3.2 Gay liberation
4. CONCLUSION

## 1. EARLY RELIGIOUS AND MEDICAL STATUS OF HOMOSEXUAL BEHAVIOUR

It is beyond the scope of this thesis to discuss Christianity and social tolerance toward homosexuality in detail. A brief, relevant account is presented here, but the interested reader is referred to the work of Boswell, (1980) for a good review.

In the Old Testament, the prescribed penalty for male homosexuality is death by stoning. The early Christian church seemed to adopt these ancient Hebrew prohibitions and in addition proclaimed sexual celibacy and puritism as the Christian ideal for God-fearing men and women. (Basile, 1974) Marriage was made a religious sanctity to accommodate sexual exploration around the year 375 AD, when St Augustine's plea for sexual celibacy was enforced through Canon Law. The teachings of the Church seemed to discourage any sexual outlet that was not aimed at procreation, and the penalty for sodomists, wizards, murderers and adulterers was equally severe. These attitudes towards nonprocreative sexual behaviour, which included homosexuality, were further entrenched and finally defined by the Church at the Council of Trent in 1563. (Basile, 1974) The contemporary church is seen to have generally adopted the rationalizations of earlier attitudes with regards to homosexual behaviour. (West 1977) Through the centuries the church is seen to have branded homosexuals as sinners and outcasts and reflected a moral code towards homosexual behaviour which seems to have been mirrored in early medical history. (West, 1977)

With the increasing differentiation in the seventeenth century of medicine as a field of study separate from that of wizards and spiritual healers, prohibitive attitudes seemed to have infiltrated medical communities who, in accordance with the religious and social proscriptions of the time, largely described sexual behaviour in moral terms. (Bullough, 1974) Medical authorities of the eighteenth century warned against nonprocreative sexual pursuits. Semen wastage for men could, it was said, result in premature death, and women engaged in nonprocreative sexual activity would be subject to:

"hysterical fits, incurable jaundice, violent cramps in the stomach, pains in the nose, ulcerations of the cervix, and to the uterine, tremors that deprived them of decency, and reason, lowered them to the level of the most lascivious brutes and caused them to love women more than men".(Bullough, 1974:101)

Nineteenth century medical theories concluded that the inevitable result of excessive sexual desire was insanity, whilst insanity itself was seen to incite excessive sexual desire. By 1899, nonprocreative sex in any form was looked upon as a contagious disease and masturbators, sodomists, fornicators and other offenders were told they were likely to become progressively ill, engaging in more and more perverse activity as the illness progressed (Bullough, 1974).

By the late nineteenth century, the medical profession began

to categorise nonprocreative sexual activities into various forms of sexual deviations. People with "sexual aberrations" which could be any of the above, became matters for the physician (Bullough, 1974; West, 1977), and were sent to asylums rather than to prison.

## 2. EARLY LEGAL PROHIBITIONS OF HOMOSEXUAL BEHAVIOUR

Theological and medical proscriptions of homosexual behaviour seem to have been supported by severe legal prohibitions in pre-twentieth century western societies.

In **England** prior to 1533, sodomy and bestiality (together called "buggery"), were punishable as moral sins by the ecclesiastical courts. In 1533, Henry VIII gave the secular courts (via statutory law) the jurisdiction to punish the detestable and abominable vice of buggery by death. (Hunt, 1982) In 1628 Sir Edward Coke (Chief Justice of King's Bench) wrote the extremely influential treatise the **Institutes of the Law of England** dealing extensively with buggery. He referred to it as

"a detestable and abominable sin amongst Christians ... committed by carnal knowledge against the ordinance of the Creator and the order of nature". (West, 1977:220)

In the mid-eighteenth century, William Blackstone in his **Commentaries on the Laws of England** classified homosexual behaviour

as a crime against nature and pleaded for the punishment of such crimes with fines, and imprisonment rather than death. Indeed, by the late nineteenth century, executions for homosexual behaviour in England were seldom carried out, and the Offences Against Persons Act in 1861 substituted a sentence of three years to ten years for the death penalty (Hunt, 1982).

In European countries, including France, Belgium, Spain and Italy, criminal law was derived from the 1810 Code Napoleon, and homosexuality seemed largely ignored. (West, 1977) Discrimination in these countries, where it occurs at all, seemed to have developed after the nineteenth century. In Germany, with the formation of the Reich in 1871, homosexual acts between men became imprisonable offences under the infamous Penal Code.

In America, English Laws were confirmed (Knutson, 1979-80) by Justices of the Peace in Colonial Virginia, and in every colony the crime against nature was considered a capital offence. Virginia law makers in 1792, after the American Revolution, passed their own statute:

"If any do commit the detestable and abominable vice of buggery, be it man or beast, he or she so offending shall be adjudged a felon, and shall suffer death, as in the case of felony, without the benefit of clergy". (Knutson, 1979-80:38)

In 1800, the Virginia General Assembly revised its Penal Code

and repealed the death penalty for buggery, but only for free men. The offence was punishable for one to ten years imprisonment, and the Assembly ordered that for a crime to have been committed, penetration had to have taken place, and emission of semen in itself did not qualify as an offence. (Knutson, 1979)

### 3. THE IMPACT THIS CENTURY OF THE WOMEN'S MOVEMENT AND GAY LIBERATION ON WESTERN ATTITUDES TOWARDS HOMOSEXUALITY

We have seen thus far in this chapter that female homosexuality is thought to be less prevalent than male homosexuality in primitive societies (Ford and Beach, 1952) and this also seems to be the case in western societies (Rand, Graham and Rawlings, 1982).

We have also seen that most societies prohibiting homosexual behaviour, institutionalise social controls that enforce sanctions against sexual offenders. (Ford and Beach, 1952) Accordingly, legal proscriptions have traditionally rested on issues of sodomy and penetration (West, 1977; Hunt, 1982) in homosexual relationships which are both masculine activities. Female homosexuals over the centuries have seemed to escape criminal prosecution.

Kinsey (1953) suggests that women engaged in same-sexed relations are somehow less conspicuous and socially less obvious than their male counterparts, and that therefore statistics on female

homosexuality might well be artificially lowered. In addition Goodman, (1979) warns against assuming that homosexual women have not been subject to societal proscriptions merely because they have, until now, escaped formal legal prohibitions. The prevailing attitudes of a given society at a given time are bound to have an effect on individual functioning. (MacDonald and Games, 1974-76)

Over the last century some important social modifications are seen to have taken place, and it is possible that the women's movement and gay liberation organizations have played a role in effecting change (Knutson, 1979-80), as will now be outlined.

### 3.1 The Women's Movement

Homosexuality and feminism are not synonymous, but the evolution of the Women's Movement in its organized form, particularly in England, America and Europe since the mid 1960s, is seen by some feminist writers (Mitchell, 1973; Abott and Love, 1971) to have provided homosexual women with a support base from which they could begin to foster a growing public awareness of homosexuality. (Knutson, 1979-80) In order to present the contribution of the Women's Movement as evidence for effecting some social change over the past two decades it will be useful to outline the development and growth of the Women's Movement particularly in England and America and to a lesser extent in South Africa.



In England, there seem to have been two major feminist phases over the past two centuries. (Mitchell, 1973; Thompson, 1976) Firstly, the predominantly white middle class membership of the earlier feminist struggles (1888), which focussed largely on equal pay and the vote for women. When this was finally given in 1918 to women in England who owned property, the most powerful wing of the movement seemed satisfied and motivation seemed to evaporate over the next 30 years. (Alexander, 1976) The second phase of feminism in England seems to have begun in the mid-sixties (Oakley and Mitchell, 1976) and seemed to spring out of the early Black consciousness movement, student movements opposing educational oppression, and the Hippie movement protesting for emotional freedom. (Rowbotham, 1972) By 1968 the women's movement in England was named and organized, fuelled by radical American women's groups working in London against the Vietnam War, and the 1968 Ford women's strike for equal pay. Many already existent equal-rights organizations identified with their cause and by 1969 most towns in England had begun women's movement groups. In March 1970, the first national conference of the British women's movement took place and has played a large role in women's issues ever since, for example in the organization of the International Decade of the Woman in 1974. The Women's Movement in England is a broad-based movement concerned with all women no matter what their political leaning. (Mitchell, 1973)

In America, however, the position seems quite different and the

American women's movement seems to defy coherent analysis as investigated by Mitchell (1973). There appear to be a wide range of women's groups each adopting different political positions (Deckard, 1983), but the two major schools are the liberationists who are actively engaged in protesting women's minority group issues, and the radical feminists who are more politically active. (Mitchell, 1973) Initially the American movement was mainly white and middle class, but black involvement has been sought with some success over the years. (Deckard, 1983) More so than in England, the American movement is a heterogenous one with many successes and a proliferating literature.

There is a considerable paucity of literature (as yet only one published article) on the subject of a women's movement in South Africa. Therefore the analysis presented here is offered as an illustration only and is limited to what information could be obtained in Cape Town and concerns mostly white Capetonian women.

According to Daymond and Rudden (1980) the feminist movement in South Africa for white women seems to have undergone two active phases. The first phase began with the struggle for the Vote in 1899, and continued until 1930 when Hertzog finally introduced the Women's Franchise Bill granting the vote to white women only. After this, any feminist movement seems to have demobilized until the early 1970s (Daymond & Rudden, 1980), when the second phase of feminist activity for white women seems to have emerged when

off-campus women's groups and students on university campuses identified with black racial oppression. (Mayne, 1985) Women's organizations began to emerge; for example, the Abortion Law Reform Group (1971), the Women's Action Group (1972); the Women's Legal Status Committee (1976); the Women's Movement for Peace (1976) and Rape Crisis (1976). (Walters, 1984) It seems from this, that women's issues in South Africa seem to have been inherently interwoven with political issues, both for socially conscious black women and for white women who are more politically active. (Daymond and Rudden, 1980) However, a discussion of the involvement of women in anti-apartheid organizations extends far beyond the scope of this thesis and will not be embarked upon here. Suffice it to say that active conscious women in Cape Town at least, seem to have concerned themselves primarily with political issues (Walker, 1984) and a women's movement focussing on women's issues alone has not materialised.

### 3.2 Gay Liberation

As the women's movement grew, particularly in England, America and Europe, more and more homosexual women joined the organization; firstly because they were likely to be sympathetic to women's issues, but also because they desperately needed a place to meet other homosexual women and gain support for coming out. (Abott and Love, 1971; 1972) Women's organizations, particularly in America, began to be infiltrated by a large presence of homosexual women, (Licata, 1980-81) which helped to organise them, and

homosexual women began to feel a need for a definite minority identity and for specific homosexual groups to which they could belong. (Licata, 1980-81) The need for such groups and the role they play in the coming out process will be discussed at a later stage in this thesis. For the present it seems useful to outline the development of Gay Liberation organizations in Europe, Britain, America and South Africa and to assess the impact that these organizations have made over this century in effecting a changed public attitude towards homosexuality.

Homosexual Rights issues were first openly defended in Germany in the mid-nineteenth century, but were ruthlessly eliminated by the Nazis in the 1930s. (Licata, 1980-81) English homosexuals seemed to rely on the literary contributions of British writers to increase public awareness and acceptance of homosexuality, but strict censorship laws, the Nazi example and the inhibiting effects of the Oscar Wilde trials in the 1930s hampered early British efforts of homosexuals to organize formally. However, the early American struggles, prior to 1945 were marked by individual efforts to fight against legal statutes, for example, the decriminalization of sodomy, and many of these people were jailed or convicted for sexual offences. (Licata, 1980-81) The 1950s saw the advent of increased homosexual harassment through the "Red Scare" and McCarthyism, in America, and during this time many state employees, considered to be perverts and security risks were fired. (West, 1977) Possibly spurred on by entrapment, harassment and oppression, the homosexual community seemed to

lobby together even more.

In 1953, the Kinsey reports shocked academics and lay persons alike with figures of the high incidence of homosexual behaviour in the American population and seemed to strengthen the desire of active homosexuals to mobilize. In 1955 the first female homosexual organization was formed, and in the same year consensual adult homosexual relations were decriminalised. (West, 1977)

The early 1960s saw a period of protest borrowed perhaps from the Negro Civil Rights Movement. In 1969 legislature was introduced forbidding homosexual discrimination by potential employees, and from 1969-1973 female homosexual separatism grew, with increased militancy, notably the Stonewall and Greenwich Village riots. (West, 1977) 1979 saw the partial removal by the American Psychiatric Association of homosexuality from its list of mental disorders. Mainstream religious denominations had become more sympathetic, and openly homosexual people were being elected into responsible public positions. (Licata, 1980-81) Thus the period 1908 to date has certainly witnessed radical change in public attitudes towards homosexuality in Europe, England and America, whilst in **South Africa** an inability to unite nationally seems to have hampered the growth of a homosexual rights movement.

The literature in South Africa on the subject is notably sparse,

and therefore this analysis can only be seen as an illustration of the South African position. The writer was once again limited to information available in Cape Town.

It seems that homosexual women in Cape Town, like elsewhere, were initially attracted to women's organizations, (Walters, 1984) but a need for a separate minority identity seemed to grow and in 1977 a Homosexual women's Action Group was started in Cape Town. (Mayne, 1985) In 1983 the Gay Association of South Africa (GASA) was formed and is still operative with mainly a male membership, and in 1984 a number of women established a group called LILACS which is a small but active group in Cape Town. On the University of Cape Town campus, the Gay and Lesbian Association was formed in 1984 to reduce prejudice against the homosexual student; to provide reliable information to the public on homosexuality; to offer counselling to homosexuals in difficulties, and to provide a meeting place for homosexual students.

The homosexual rights movement in Cape Town at least, seems less well developed than its British or American counterparts. Accordingly, one could expect that public awareness of homosexual issues in this country is less advanced, and social prohibitions against homosexuality may be stronger in South Africa than in Britain or America where greater change is seen to have taken place.

#### 4. CONCLUSION

It seems that prohibitions towards homosexuality can be traced back to early religions, medical and legal taboos, although the main legal offenders have been male homosexuals. Women who are gay have traditionally escaped legal criminalization for their homosexuality, although other, perhaps more subtle but equally powerful social sanctions are also likely to have influenced them and will be reviewed later in this work.

The organization, growth and subsequent power of gay liberation and the women's movement this century may have played a part in moderately influencing social restrictions on homosexual behaviour particularly in Britain and America as will be reflected in a discussion of the current medico-legal status of homosexuality in the next chapter. As will be seen, this does not seem to be the case in South Africa.

## **CHAPTER TWO**

### **CURRENT PSYCHIATRIC AND LEGAL ATTITUDES TOWARDS FEMALE HOMOSEXUALITY**

1. INTRODUCTION
2. PSYCHIATRY AND FEMALE HOMOSEXUALITY : RECENT DEVELOPMENTS
3. THE CURRENT LEGAL STATUS OF FEMALE HOMOSEXUAL BEHAVIOUR
  - 3.1 Britain, America and Europe
  - 3.2 South Africa : Trouble ahead for gay women?
4. CONCLUSION



## 1. INTRODUCTION

In the previous chapter an outline of the development of the women's movement and gay liberation organizations was presented and the possibility was considered that these movements have been partially instrumental in moderating societal attitudes towards homosexuality. (Gochras, 1972; Hall, 1978) In this chapter some of these changes as reflected in the psychiatric and legal professions are reviewed. Some important developments, particularly for gay women in South Africa, are outlined.

## 2. PSYCHIATRY AND FEMALE HOMOSEXUALITY : RECENT DEVELOPMENTS

Early twentieth century research into homosexual behaviour stemmed chiefly from proponents of the psychoanalytic school. Through inferential analyses, based on patient observations, analysts reflected the nineteenth century moralistic attitudes described in chapter one and understood homosexuality mainly as a form of deep rooted psychopathology. (Barr and Catts, 1974-76; Bullough, 1974-76; Morris, 1973)

In a sympathetic letter to an American mother requesting treatment for her son, Freud writes:

"Homosexuality is assuredly no advantage, but it is nothing to be ashamed of ... consider it to be a certain form of arrest of sexual development." (Freud 1950-51:786)

Freud's use of the phrase "arrest of sexual development" indicates perhaps that he viewed homosexuals as persons less healthy, and more immature than their homosexual counterparts. Thus, according to psychoanalytic writers like Freud (1920) and Deutch (1946), female homosexuality represents an unresolved oral conflict of the pre-Oedipal period, and choosing a same-sexed love object is seen primarily as a defence against hostility directed towards the mother. Over the years (Morin, 1977) psychoanalytic writers have continued to uphold the belief that homosexual behaviour is inherently pathological as seen in the writings of Armon, (1960); Fromm and Elonen, (1951); Hopkins, (1969); Kaye (1967) for female homosexuality; and Bieber, Dain, Dince, et al, (1962) and for male homosexual behaviour.

Using this psychoanalytic framework, and on the basis of very little sound empirical research, the American Psychiatric Association (APA) listed homosexuality as an official psychiatric diagnosis under the section for Sexual Deviations of the Diagnostic and Statistical Manual of Mental Disorders, 2nd edition. (Basile 1974) This diagnostic system was recognised and used by the American schools of psychiatry to diagnose and treat homosexuality until 1973. In British psychiatric schools the International Classification of Mental Disorders, 9th Edition, (ICD9) still in use today classifies homosexuality as a mental disorder under its section on Sexual Deviations and Disorders.

In 1972, possibly due to pressure from gay liberation organizations

and increased public and professional awareness, together with a greater research bank concerning homosexual behaviour, a Task Force on the Status of Lesbian and Gay Male Psychologists of the APA Board of Social and Ethical Responsibility (BSERP) was formed. (Morin, 1977) At a special sitting of the BSERP at the Annual General Meeting of the APA (May 1973) a full session was devoted to homosexuality. (Conger, 1975) The meeting, chaired by R Spitz, represented world authorities on the issue of human sexual development. Summing up the hotly debated meeting, Spitz concluded that the function of a Manual of Mental Disorders is to list and define syndromes, and not to describe all forms of human behaviour or to imply certainty when there is a lack of consensus within a profession. He reiterated the members' viewpoints that whilst a significant percentage of homosexuals are seemingly satisfied with their sexual orientation and function well socially, many clinicians dealing with homosexuals daily report an equally significant percentage who are bothered by their homosexual behaviour. Spitz clarified that homosexuality can in this way be split in two: **ego-syntonic** homosexuality, where the person displays no or little mental anguish concerning his/her sexual identity; and **ego-dystonic** homosexuality where homosexual behaviour is experienced with extreme conflict and the Committee thus recommended to the APA that **ego-syntonic** homosexuality be removed from the DSM III as a psychiatric disorder, but that **ego-dystonic** homosexuality remain. (Conger, 1975) It was felt that this system would enable the trained clinician to find some homosexuals free of mental illness, but

also allow the clinician to diagnose and therefore treat those homosexuals who do present with ego-dystonic homosexuality. This recommendation of the BSERP was accepted by the APA and the American Psychological Association, and was incorporated into the DSM III (Conger, 1975; Morin, 1977). Both Associations officially adopted the following resolution:

"Homosexuality *per se* implies no impairment in judgement, stability, reliability or general social or vocational capabilities. Further, the American Psychological Association urges all mental health practitioners to take the lead in removing the stigma of mental illness that has long been associated with homosexual orientation" (Conger, 1975:633).

The statement further appealed for the removal of all discriminatory legislation singling out homosexual acts by consenting adults in private.

In South Africa, the DSM III is popularly used as a major diagnostic classification system by the psychiatric and psychological professions. As such the position adopted by the APA on homosexuality is likely to be accepted by most clinicians using the DSM III, although the ICD 9 is still used.

By comparing chapter one to this section we can see how the psychiatric community have altered their position concerning homosexual behaviour over the past few decades, but what of the legal community?

### 3. THE CURRENT LEGAL STATUS OF FEMALE HOMOSEXUAL BEHAVIOUR

In this chapter the changes that have taken place in the psychiatric profession concerning homosexual behaviour over the past few decades have so far been outlined. But likewise, some important changes have taken place with legal proscriptions governing homosexual practice. As will be seen, some countries have instituted legal changes quite rapidly, but in others, like South Africa, harsh proscriptions remain legally enforceable and have important repercussions (to be discussed later in this thesis) for the homosexual in our society.

#### 3.1 Britain, America and Europe

Current reforms in England can be dated back to the early 1950s. (West, 1977) The American "Red Scare" and McCarthyism spread to England (Licata, 1980-81) and the notorious trials of 1953 and 1954 provoked strong public criticism. The Church of England Moral Welfare Council was prompted to issue a pamphlet calling for the complete decriminalization of homosexuality. (West, 1977) The Home Secretary established a Department Committee to investigate homosexual practice and prostitution and the famous Wolfenden Report was published in 1957, arguing at length for decriminalization. The report was ill received by the Conservative Government, but public pressure continued, aided by the Homosexual Law Reform Society (West, 1977). For the next nine years many attempts were made for complete decriminalization, but when it

finally emerged, the Sexual Offences Act of 1967 fell far short of the expectations of those seeking total decriminalization. Charges of buggery or gross indecency were abolished in relation to acts between two consenting males, provided the acts took place in private and both parties were over 21 years of age. The Law Commission of 1974 and the Campaign for Homosexual Equality are engaged in a continuing campaign to urge statutory reform for full decriminalization in England. In Scotland and Northern Ireland, homosexuality under any circumstance is still criminally punishable.

In America a minority of the states reformed their Penal Codes in the 1970s so as to legalise consensual homosexual behaviour between adults in private, the minimum age varying from 16 to 18 years. However, considerable confusion has arisen from the vague, archaic language of many of the American enactments and there is uncertainty amongst the 50 states about behaviours governed by such terms as infamous crime against nature; sodomy; unnatural sex act or carnal knowledge against the order of nature. (West, 1977) From time to time the US Supreme Court has declared statutes void on the grounds of vagueness, but the sodomy statute has so far not been considered. (West, 1977) Legislation against "sexual psychopaths" enacted hastily by many States in response to widely publicised sexual atrocities has further confused the legal position in America. (West, 1977)

In Germany the Penal Code was repealed in 1967 and since then,

homosexual acts in private between consenting males over the age of 21 has ceased to be a crime. In Sweden, Denmark, Finland, Norway and Austria, total decriminalization has taken place since the 1930s. In most other European countries like Holland, Italy, Switzerland, Poland and Czechoslovakia the average age of consent for homosexual behaviour is 18 years. (West, 1977)

### 3.2 South Africa

South African Criminal Law embodies a variety of offences under which the interests of its people are protected from sexual harassment. (Hunt, 1982) Some of these offences, like Crimen Injuria, Indecent Assault and Public Indecency, protect the public against, for example, loss of dignity, and physical interference arising from all sexual offenders, both heterosexual and homosexual. Section 19 and Section 20(1) of the Immorality Act (No 23 of 1957), prohibit both homosexual and heterosexual prostitution and Section 14 protects people under the age of 16 from sexual exploitation either homosexual or heterosexual by older males.

The offences that are more specifically related to the prohibition of homosexual activity are: Sodomy; Unnatural Sexual Offences; and Section 20(A) of the Immorality Act (No 23 of 1957). Under Common Law, sodomy is defined as the "unlawful and intentional sexual relations per anum between two human males" (Hunt, 1982: 204). The "unnatural offences" (a residual category), has in the case of males been held to include mutual masturbation, fel-

latio, and friction of the genitals against the other's body (West, 1977). Section 20(A) of the Immorality Act (No 23 of 1957) prescribes a penalty of up to 2 years imprisonment for any male person who commits, with another male, at a party (defined as more than two persons) any act calculated to stimulate sexual pleasure or to give sexual gratification. (Hunt, 1982) There is strong doubt as to whether Common Law crimes currently include female homosexuality. (Report of the Ad Hoc Committee of the President's Council, 1985:38).

Considerable confusion has arisen concerning the "Unnatural Sexual Offences" as it is:

"not clear what is regarded as unnatural at any given point in time ... it involves a value judgement ... and what is considered to be unnatural ... is determined by the court in a specific case with regard to prevailing moral convictions". (GASA, 1985:7).

It also seems that the offences of sodomy and sexual acts in the presence of third persons (Section 20A) involve the protection of society's convictions that such acts are immoral.

In March 1985 with the repeals by the Nationalist Government of "mixed-marriages" the President's Council was commissioned to investigate in its totality the adequacy of the Immorality Act (23 of 1957). An Ad Hoc Committee was established and received:



"strong representations for and against the retention of the present criminal sanctions against homosexual acts between consenting adults". (Report of the Ad Hoc Committee of the President's Council, 1985:38).

The Committee took cognisance of the views of the Wolfenden Report; of the trends elsewhere in the world to decriminalize consensual adult homosexual behaviour; of the fact that homosexuality *per se* is not a mental disorder, and of the Department of Health and Welfare's belief that decriminalization would result in better control of venereal disease and AIDS. However, the Committee was not satisfied, having evaluated all submitted representations, that a

"sufficient measure of tolerance towards homosexuality has developed in present-day South African society", (Report of the Ad Hoc Committee of the President's Council, 1985:39),

and recommended that the Common Law relating to the offence of sodomy in the case of male homosexuality, should not be changed until a full investigation had been carried out.

The Ad Hoc Committee further recommended that the President's Council Committee for Social Affairs should fully investigate the matter of homosexuality, and that the following issues, *inter alia*, should be considered:

"Should all homosexual acts between consenting adults of both sexes be brought within the ambit of the criminal law;

If criminal sanctions are abolished to what extent are they still regarded as immoral, and if so, how does society express its abhorrence of such acts;

If the sanction of the Criminal Law is not removed, what programmes of rehabilitation or forms of punishment would be desirable?

Are there grounds for the belief that an attitude of tolerance towards homosexuality is an important cause of the decline of civilizations?" (Report of the Ad Hoc Committee of the President's Council; 1985:54).<sup>1</sup>

As can be ascertained from the above, the legal proscriptions against homosexual behaviour in South Africa are harsh and all-embracing. (West, 1977) Consensual, adult homosexual activity between two males is currently a criminal offence, whilst female homosexual behaviour traditionally ignored in most societies, is to be strongly reviewed by the Social Affairs Committee, and could well become criminally punishable.

#### 4. CONCLUSION

If the changes in social structures can be considered to reflect shifts in current thinking of a given society at any one point

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1. To the writer's knowledge and at the time of print the Social Affairs Committee had not yet been instructed by the Government to begin its investigation. The writer intends submitting a report to the Social Affairs Committee of the President's Council concerning female homosexuality.

in time, then it is possible to consider that the changes reflected in proscriptions towards homosexuality over the past century, indicate a move towards greater social tolerance and increased public awareness, particularly in America and England where liberation organizations have been the most organised and perhaps had the greatest impact in increasing public awareness.

However if these changes are carefully examined it is noted that social restrictions towards homosexuality remain, and only partial reformation in legal and medical proscriptions exist. This may be due to the facts that firstly a lack of clarity seems to exist as to what extent homosexuality may still be regarded as immoral; and secondly there is a lack of consensus about the nature of homosexuality by leading authorities in the field, as will be outlined later in this thesis.

Nevertheless, despite this confusion, it seems that social flux is taking place in other parts of the world, but does not seem to be the case in South Africa.

Against the background of the past two chapters, the plight of the lesbian mother with children may be better understood. In the next chapter the legal position concerning female homosexuals involved in child custody disputes will be presented.

## **CHAPTER THREE**

### **HOMOSEXUAL MOTHERS AND CHILD CUSTODY : CONCERNS OF THE COURT**

1. INTRODUCTION
2. CHILD CUSTODY AND CUSTODY DISPUTES
3. BEST INTERESTS OF THE CHILD AND FITNESS TO PARENT
4. DIFFICULTIES IN CUSTODY DISPUTES INVOLVING HOMOSEXUAL MOTHERS
5. THE ISSUE OF CONDITIONAL CUSTODY
6. THE NEXUS REQUIREMENT
7. CONCERNS OF THE COURT : THE EFFECTS ON CHILDREN RAISED BY HOMOSEXUAL MOTHERS
8. CONCLUSION

## 1. INTRODUCTION

The previous two chapters have noted the past and present social status of female homosexuality. It has been suggested that social proscriptions towards homosexuality still exist, but are perhaps less severe than a few decades ago. One further example of recent changes in social thinking might be evidenced in the greater incidence of child custody disputes involving lesbian mothers over the past ten years. (Goodman, 1979)

According to Kinsey, (1953) and Rand, Graham and Rawling, (1982) approximately 10% of all women in the USA may be homosexual. It seems that between 9% and 20% of these women engage in heterosexual marriages (Gundlach, 1967) and the majority have children: approximately 1,5 million. (Rand, Graham and Rawlings 1982) Unfortunately, it seems that most of these marriages end in divorce and many of these women are subject to divorce litigation. (Ross, 1972)

Over the past decade more and more gay mothers have been prepared to involve themselves in custody dispute litigation over the minor children born of the marriage, and reasons for this will be outlined in this chapter.

No other matter involving lesbian women brings so sharply into focus the question of lesbian motherhood and its effects on children as does child custody litigation, and as this in essence

is the major concern of this thesis, it was felt that the issue of lesbian child custody would provide a useful framework around which to organize the literature.

Therefore, the purpose of this chapter is to attempt to highlight the position of gay women involved in child custody disputes, and to present the concerns of the court regarding lesbian mothering. In Section B these concerns will be carefully evaluated by presenting a detailed psychological literature review on the nature of female homosexuality, motherhood, and its effects on children.

## 2. CHILD CUSTODY AND CUSTODY DISPUTES

Custody in its broadest sense, refers to the relationship between parent and child. (Rosen 1977; Rosen and Abramowitz 1975) and When parents legally separate or divorce, the custodial parent is the one with whom the child lives. This parent has the right and the responsibility (Hoggett, 1981; Kahn and Forsyth, 1982) to control the child's daily life, to decide on educational, disciplinary and religious matters, and to provide guidelines for social behaviour. Upon instigation of divorce proceedings the court is obliged to grant an Order of Divorce only if it has satisfied itself that adequate arrangements have been made for the ongoing care of the minor children born of the marriage. (Kahn and Forsyth, 1982) Custody arrangements are usually, and preferably, agreed upon by the parents before going to court

and form part of a contract between them, known as the Consent Paper.

In South Africa, as in England and America (Spiro, 1985) the mother is usually granted custody of the minor children with the father's consent. (Brown, Freedman, Katz and Price, 1977) Upon the dissolution of the marriage the father retains his right as the natural guardian of the minor children, meaning that it is his right and duty to take charge of and administer the property of the minor; to invest his money; pay his debts and act on his behalf in legal proceedings. (Hahlo, 1985) On his death, guardianship automatically transfers to the mother. Right to reasonable access of the children are customarily granted to the non-custodial parent, and refused only if it is felt by the court that this would be detrimental to the child. (Bromley, 1981; Hahlo, 1985; Spiro, 1985) Custody orders are made by the court having considered the facts of the case at that particular time. Should circumstances change under the existing Order and have subsequently become deleterious to the child, an appeal may be lodged against the initial custody award. (Kahn and Forsyth, 1982)

**Custody disputes** arise when each parent attempts to obtain sole custody of the children, and no agreement can be reached between the parents without going to court. In cases like these, the court is entitled to obtain opinions from expert witnesses, like psychologists who among other things assess parental fitness

and are guided by the best interests of the child. In custody disputes of this nature, a strong maternal preference has generally prevailed in the courts, mostly based on the early psychological research into mother-child bonding by, for example, Bowlby (1969a; 1969b; 1979; 1980) and presented by expert witnesses implying that mothers somehow possess psychological preference as primary care-givers to young children when compared to fathers. (Spiro, 1985) Later research has questioned this assumption (Landman, 1983) and in more recent sole custody disputes the demand is placed upon the Court to award custody according to the fitness of the individual parent and in the child's best interest. However, despite this plea for equality, Rosen (1977) and Rosen and Abramowitz (1975) note that the maternal presumption still operates in South African Courts, unless the mother is found to be 'extremely unfit' in parenting the child.

Thus far, we have considered sole custody arrangements as the only alternate form of settlement in child custody disputes. However, sole custody awards are currently coming up against severe criticism. (Clingempeel and Reppucci 1982; Landman, 1983; Robinson, 1983) It is felt that there are important disadvantages inherent in sole custody arrangements. Amongst others, the non-custodial parent (usually the father) feels left out, angered and resentful and frequently drifts away from his children; and the inequality of power sharing results in continued conflict between parents which is detrimental to the



children. (Landman, 1983; Wallerstein and Kelly, 1980) The alternative is joint custody (Robinson, 1983), where both parents assume equal responsibility for the physical, emotional and moral development of the child, and is currently gaining the consideration of the court albeit it with some reservation. (Bates, 1976; 1983; Guerreiro, 1983; Hahlo, 1985) The practicalities concerning living arrangements and decision making for example are agreed between the parents to suit their specific situation (Maidment, 1984), and seems to work best in situations where parents show their desire to share custody; are willing to co-operate for the benefit of the child; can be flexible and negotiate with each other; can reach agreement regarding the implicit rules of the system; and live in the same area in order to facilitate continuity of schooling. (Landman, 1983) Clearly there are families where this arrangement is not suitable, and Landman (1983), suggests that each family be individually assessed to determine the best possible custody arrangement for the minor children upon dissolution of the marriage.

### 3. BEST INTERESTS OF THE CHILD AND FITNESS TO PARENT

Initially in nineteenth century England custody jurisdiction centred on the protection of a minor's property, but by the turn of the nineteenth century, Equity, a system of justice dispensed in the Court of Chancery on behalf of the Monarch as the *parens patriae* of all minors, had already begun to recognise the need for jurisdiction which would protect the

child for the child's sake. (Bromley, 1981; Maidment, 1984)

In 1957 the British Matrimonial Causes Act empowered the Court to award custody as it sees fit and most disputes were settled on the basis of the father's Common Law rights or guilt. The Guardianship of Infants Act of 1925 elevated the welfare of the child to the first and paramount consideration (Stone, 1982), and the Guardianship Act of 1973 finally recognised the complete equality of parental rights of mothers and fathers. (Bromley, 1981; Landman, 1983) A parallel development took place in America, and the Equal Rights Amendment, demands that the Court award custody according to parental fitness and in the best interests of the child (Landman, 1983). In 1948 in South Africa Judge Centilevres followed the English and American examples by setting a precedent in a ruling on Fletcher vs Fletcher, in Spiro (1985). He held that the paramount consideration in a child custody dispute was the best interests of the child, and that custody should not be granted to one parent as a means of punishing the other, nor should the guilt of one parent in the dissolution of the marriage be an overriding factor in custody awards. (Bromley, 1981)

Thus the best interests principle has become of paramount importance in settling child custody disputes. (Schäfer, 1976)

The Court is faced with the formidable task of determining for each case what determines the best interests of the specific child. The discretion of the judge to rule as he sees fit places tremendous responsibility on his ability to understand and

determine the ruling that will be in the best interest of the minor child. Over the last few years, certain guidelines have evolved which South African Courts use when making custody decisions. (Kahn and Forsyth, 1982; Rosen, 1977; Rosen and Abramowitz, 1975) These are :

**Parental fitness** : Considerations include emotional instability, psychiatric illness and frequent immoral acts. (Rosen and Abramowitz, 1975)

**Financial factors and standard of living** : The ability of one parent to provide more luxuriously is not considered of paramount importance to the well-being of the child. (Kahn and Forsyth, 1982)

**Continuity** : The abode of the child prior to and during litigation is awarded considerable weighting as the court is loath to disrupt the child unless it is absolutely necessary. (Goldstein, Freud and Solnit, 1973)

**Age and sex** : The 'tender years' doctrine is customarily applied and mothers are usually awarded custody of young children and girls. At times, adolescent children are placed with the same-sexed parent, presumably based on the assumption that this relationship is crucial for the development of a healthy sex-role identity. (Rosen and Abramowitz, 1975)

**Child's physical, educational, moral, emotional and religious well-being**: are considered, and the court favours continuity of these facets of the child's life. Religious factors are usually awarded minor weighting. (Landman, 1983)

**Child's preference** : is rarely considered, and only if

it is based on the child's feelings of security or amount of contact with a parent. (Kahn and Forsyth, 1982)

**Siblings** : are rarely separated. (Kahn and Forsyth, 1982)

Although the above guidelines amongst others are applied by the court, there is in fact no precise definition of what constitutes the best interests of the child. (Landman, 1983) Mental health practitioners working in this field are calling for individual assessment of each case, and custody arrangements tailored to suit individual families.

#### 4. DIFFICULTIES IN CUSTODY DISPUTES INVOLVING HOMOSEXUAL MOTHERS

It seems then, that child custody decisions are always difficult decisions for the court to make. (Hitchens, 1979-80) These difficulties seem to magnify in the case of lesbian mothers appealing for the custody of their children (Brownstone, 1980), and a whole new series of variables seem to influence the outcome. (Basile, 1974; Knight, 1983; Riley, 1975).

For instance, according to Goodman, (1979) and Smart, (1980) most judges having to make custody decisions involving lesbian mothers have little or no specific training, knowledge or experience of homosexual behaviour, its meaning, incidence, aetiology or of its influence on small children. As suggested by Hitchens and Price (1978-79) and Kraft (1983), this lack of exposure on the part of the judge could result in a number

of problems. Firstly, the judge, himself a social being, making a decision as he sees fit could in his ignorance allow himself to be influenced by prejudice against homosexual women which might be unfounded. Secondly, Hitchens and Price (1978-79) and Legrand (1975) suggest that a male judge's own personal irrational and unconscious homophobic fears might play a part in his decision making.

Other problems in this area include the fact that up until very recently (Conger, 1975) had a judge who called in an expert witness to assist by providing an opinion on lesbian motherhood, such a witness would have testified that homosexuality *per se* was a diagnosable mental illness on the DSM III, and that the homosexual mother was accordingly considered sexually disordered. (Morin, 1977) In addition, the psychological research on female homosexuality is sparse and polemic as will be seen in later chapters, and expert witnesses in this field are hard pushed to provide the Court with acceptable and specific guidelines for deciding custody disputes. (Davies, 1979)

Thus, it is hardly surprising that the courts, bewildered by this myriad of difficulties, have been seen to behave conservatively when deciding homosexual custody disputes. (Miller, 1983)

An example of a widely published custody dispute, involving a Californian mother and her four year old daughter (Nadler

vs Nadler 1967) in Hitchens and Price (1978-79), will serve to demonstrate the ignorance, the prejudice, and the confusion encountered in these earlier cases. In this case the mother had lost custody of her daughter at the time of the Divorce Order, and appealed against this decision. In her testimony to the Court, the mother was asked:

to list the names and addresses of people with whom she had sex over the past two years;

how frequently she had sex; and

to describe to the judge exactly what a homosexual act entails.

A psychiatrist acting as expert witness told the Court that the mother clearly had a strong affection for the child. Their relationship was warm and loving; and she was a good and responsible parent even though she had sexual problems, which he did not elaborate upon. In his ruling, the judge told this mother to get therapy and decreed that custody remain with the father, for fear of something untoward happening to the child. (Hitchens and Price 1978-79) Here it is clear that the mother's sexual orientation *per se* was taken as proof of her unfitness to parent, and removal of the child from her care on these grounds alone was felt by the judge to be in the child's best interests. (Armanno, 1973; Leitch, 1980)

Because of treatment like this prior to the mid 1970s, it seems that many lesbian women "voluntarily" gave custody to their ex-husbands upon dissolution of the marriage. (Chait, 1984; Legrand, 1985) Some suggested reasons are :

perceived futility of engaging in lengthy and expensive litigation where custody was likely to be awarded to the father anyway. (Payne, 1977-78) (At this time, it is estimated by Davies, (1979) that the odds were 90% against a lesbian mother gaining custody).

fear of public exposure, stigmatization, and the added threat of losing jobs and accommodation arrangements;

added stress and conflict for the children; and

lack of guidance from legal and mental health professionals. (Davies, 1979)

## 5. THE ISSUE OF CONDITIONAL CUSTODY

Perhaps due to the increased occurrence of lesbian child custody disputes since the early 1970s, some progress was made towards dispelling the assumption that homosexual women are necessarily unfit mothers. In the mid 1970s several custody awards were made to lesbian women, but subject to the undertaking that they refrain from engaging in homosexual relationships whilst the children were in their care. (Davies, 1979; Goodman, 1979). No such undertaking was being made of sexually active heterosexual mothers seeking custody. (Weston Evans, 1982)

This state of affairs, up until the late 1970s resulted in instances of women not disclosing their homosexual preference at the time of the Divorce Order. However, subsequent homosexual behaviour by the mother was sufficient evidence for an ex-husband to be granted custody who could appeal under a change of circumstances clause. (Davies, 1979)

## 6. THE NEXUS REQUIREMENT

Thus, up until the famous case of Schuster vs Schuster in Leitch (1980) a mother's homosexual orientation **in itself** was considered necessarily detrimental to a minor child, and such mothers were either denied custody outright, or else granted conditional custody. This Washington case provided a precedent and a major milestone in lesbian child custody disputes.

The judge in this case instituted the Nexus Requirement which demands that the opposing advocates establish a direct **cause and effect deleterious relationship** between the mother's sexual preference and the welfare of the child. (Smart, 1980) The nexus requirement shifts the focus in legal terms back from the sexual orientation of the mother to parental fitness and to the best interests of the child. (Cardwell, 1981-82; Clemens, 1984) Under the nexus requirement the mother's homosexual preference is viewed as one of many factors that need consideration when custody disputes are settled. However, it is not certain which courts are implementing this requirement.



## 7. CONCERNS OF THE COURT

Although the nexus requirement brought some order to a previously problematic issue, important concerns remain upheld by the Court in homosexual custody disputes. (Goodman, 1979; Rand, Graham and Rawlings, 1982).

These are :

that due to the general stress of living in such an environment the child is at a higher risk for emotional and/or behavioural psychiatric disorders; and

that a same-sexed child reared in a homosexual household is likely to develop a homosexual identity or display disordered psycho sexual development;

that a child growing up in a lesbian home is likely to be socially stigmatised, and pressure from peers, teachers and others is detrimental to the child;

that lovers of homosexual parents will sexually harass and seduce same-sexed minor children.

The prevailing assumption seems to be that all other things remaining equal, a child is nevertheless better off in a heterosexual household. This assumption needs to be evaluated carefully and fully, in terms of an extensive literature review highlighting major research results and depicting psychiatric facts, as will be outlined in a later chapter of this thesis.

## 8. CONCLUSION

It is possible that the growth of the civil rights movement, the women's movement, and gay liberation organisations, as well as the removal of ego-syntonic homosexuality from the DSM III, have encouraged more lesbian women to fight for custody of their children.

It is estimated that over the past ten years in Australia (Goodman, 1979); America (Hunter and Polikoff, 1975-76); and England (Higgs, 1978) more homosexual custody disputes have taken place than ever before. To the writer's knowledge, at least up until mid 1986, no South African case has been reported in the SA Law Journals, but it is the writer's conviction that as South African gay women become more independent and are prepared to come out, that a pattern similar to that in America and England will emerge over the next ten years. Of course, the current investigation of the President's Council concerning possible criminalization of female homosexuality is likely to have far-reaching consequences on these mothers, particularly if criminalization is implemented.

## **SECTION B**

### **LESBIAN MOTHERS AND THEIR CHILDREN**

#### **CONCERNS OF THE COURTS EXAMINED**

CHAPTER FOUR : FEMALE HOMOSEXUALITY AND PSYCHOPATHOLOGY: AETIOLOGY,  
PERSONALITY ADJUSTMENT AND THE PREVALENCE, INCIDENCE AND  
NATURE OF PSYCHIATRIC DISORDERS OF THE FEMALE HOMOSEXUAL

CHAPTER FIVE : ON BEING GAY : NATURAL HISTORY AND DEMOGRAPHY; IDENTITY  
ATTAINMENT, AND RELATIONSHIPS

CHAPTER SIX : LESBIANS AS MOTHERS : CHILDREN RAISED BY GAY WOMEN :  
CONCERNS OF THE COURT EXAMINED

## INTRODUCTION

When Kinsey, Pomeroy and Martin, (1953) and Kinsey, Pomeroy, Martin and Gebhard, (1953) published the results of their mammoth study on male and female sexuality, where 10 000 American men and women were assessed, the high incidence of male and female homosexuality seemed to shock public and academics alike. Kinsey, (1953) reported that 37% of the total male population and between 9 and 20% of the female population have had some form of overt homosexual experience to the point of orgasm.

This study, methodologically sound and appearing just after the Ford and Beach, (1952) study on the cross cultural incidence of homosexuality, demonstrated that homosexual behaviour was much more widespread than previously believed. In addition, up until the 1950s research into the aetiology of homosexuality was mostly descriptive and based on psychoanalytic theory. However, after the Kinsey (1953) report, much academic interest into the nature of homosexuality was aroused and the first empirical studies to assess the psychoanalytic assumption of whether or not homosexuality per se was indicative of psychopathology began to appear in the late 1950s.

These studies by Kinsey, (1953); Ford and Beach, (1952); Hooker, (1957; 1958; and 1969) seriously questioned the previous results of psychoanalytic writers and it seems that this provided the impetus for the generation of a proliferation of literature over the past three decades, which is notoriously categorised by emotive and polemic debate.

In a review of literature in the area for the period 1967-1974, Morin, (1977) confirmed the general paucity of research into female homosexuality. (Only 8% of the 139 studies assessed). He also found that aetiology of female homosexuality attracted the greatest proportion of research (30%); whilst interest in psychical and social adjustment of homosexuals motivated 27% of the articles; and interest in diagnosis and assessment and special topics respectively motivated 20% and 16% of the studies.

In this section much of this research will be reviewed and the aim throughout is to carefully evaluate assumptions about the nature of female homosexuality and to assess the concerns of the court about children being raised in lesbian homes. Clearly a basic fear upheld by the court, perhaps due to earlier moral concerns and later fuelled by psychoanalytic theory, is that homosexuality *per se* implies psychopathology, and the purpose of chapter four is to address this assumption.

## CHAPTER FOUR

### FEMALE HOMOSEXUALITY AND PSYCHOPATHOLOGY : AETIOLOGY, PERSONALITY ADJUSTMENT AND THE PREVALENCE, INCIDENCE AND NATURE OF PSYCHIATRIC DISORDERS IN THE FEMALE HOMOSEXUAL.

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## 1. AETIOLOGY OF HOMOSEXUAL BEHAVIOUR

Before presenting a literature review on the aetiology of female homosexual behaviour it is necessary, in this very polemic field especially to highlight the major research questions that seem to have guided the research and to mention the common research problems found throughout the material.

### 2.1 Research Questions, and Problems in Aetiological Research :

Hooker, (1969) suggests that four major theoretical questions should guide research into the aetiology of overt adult homosexual behaviour, namely:

the question of psychosexual neutrality at birth versus the possession of an inherited predisposition towards homosexual object choice?

the question of whether sexual behaviour is learnt, and if so what is the nature of the learning process by which homosexual object choice develops?

the question of whether there are particular periods which are critical in the developmental process of homosexual behaviour? and

the question of whether parent-child relationships in the nuclear family are crucial in determining whether an individual becomes homosexual?



In some sense these questions have organised much of the research into the antecedents of homosexual behaviour, as will be seen from this Chapter. However, in themselves these questions are in keeping with traditional medical research, where discovery of causation of pathological entities leads to treatment, outcome and prognosis, (Szaz, 1961) and according to Morin, (1977) researchers using this type of point of departure might attempt to delineate causation possibly to affect treatment aimed at changing homosexual behaviour. Thus, it seems aetiological research in itself contains certain basic assumptions concerning the nature of being human. (Halleck, 1971) It seems also that the research intent is to classify homosexual behaviour as a single clinical entity with a single aetiological causation. (Kinsey, 1953)

Conclusions derived from this type of research with errors of internal validity have sometimes been unwarranted and used further to determine the nature and direction of future inquiry, often doing no more than compounding original errors made. (Bell, 1975) Errors in external validity in the research on the aetiology of homosexuality are also common. Problems of poor selection and sampling procedures are recurrent in the literature as will be seen later in this chapter. Samples are usually small and often consist of psychiatric patients with poor social functioning who cannot be held representative of a well-functioning non-psychiatric homosexual population. In addition, measurements used have often been subjectively derived, as, for example, in

the case of reports submitted by psychoanalysts on their homosexual patients.

With an ongoing proliferation of literature perpetuating the problems mentioned above, the researcher in this field is faced with a vast bank of information which needs to be carefully and critically evaluated. Bell, (1975) in fact, suggests the declaration of a moratorium on all aetiological research in the area of homosexuality, so that researchers can pay monumental attention to the methodological issues mentioned above. He calls for a co-ordinated interdisciplinary effort to assess past research in, for example, the parameters of the homosexual experience; ways to measure these; comparable methodologies, and to note the extent to which researchers are blinded by theoretical orientations and strategies. (Bell 1975) He suggests systematic longitudinal studies using greater multisource data; studies designed to determine the extent to which different questions produce different answers; studies designed to focus on the broader issues, and in-depth studies in specific areas. However, and for the present time at least, Bell's recommendations remain unimplemented, and the current literature remains scattered, inconclusive, polemic and riddled with methodological problems.

Against this background the most important aetiological literature is reviewed under the following headings, namely: animal studies; genetic studies; studies of parental age, birth order and family size; hormonal studies; psychoanalytic theory and research;

and studies into the role of parent-child relationships in the aetiological development of homosexuality. For ease of presentation the research on learning theory and psychosexual development will be reviewed in chapter six of this thesis. Furthermore, it is the intention of the writer to attempt to elucidate only major research findings concerning the aetiology of homosexual behaviour. Due to the limitations of this work a more detailed analysis is not possible, but the interested reader is referred to the work of Woolfson, (1976) for a fuller exposition.

## 1.2 Animal Studies

Investigators of human functioning have traditionally studied animal behaviour in an attempt to gain clues towards understanding human motivation, and the position is no different regarding homosexual behaviour. (Jordaan, Jordaan and Niewoudt, 1975) The impression that infra-human mammals confine themselves exclusively to heterosexual activity seems to be as great a falsehood as the impression that exclusive homosexual activity is found in mammals. All species ever studied (Kinsey, 1953) reflect some degree of homosexual contact, although heterosexual contact is more prevalent. However, Kinsey, (1953) suggests that this finding may be due to: the greater aggressiveness and dominance of males which frequently manifests as sexual gestures; the greater submissiveness of the female which makes her a preferable target; the greater ease of vaginal penetration;

olfactory stimuli and other physical phenomenon; and conditioning, whereby previous successful behaviour is likely to be repeated.

Although analogies between animal and human situations must be viewed cautiously, some sexual similarities do seem to exist even if only in pure physical terms.

In fact, McBride and Hess, (1948) reported in West, (1977) demonstrate that the more intelligent the species the greater the variation of sexual behaviour. For example, these authors report that male dolphins frequently adopt a smaller male whom they protect and with whom they engage in masturbatory-type behaviour. Ford and Beach, (1952), and West, (1977) report same-sexed contact in primates. Mutual grooming and licking of genitalia in females is common, whilst male primates have been found to pair, though not exclusively, with a smaller, younger male with whom sexual contact takes place even to the point of penetration and ejaculation.

From studies like these it seems that animals are equally capable of homosexual and heterosexual behaviour and that in fact, exclusive homosexual or heterosexual behaviour is uncommon. West, (1977) suggests, in fact that one could argue that exclusive heterosexual behaviour in humans might be as unnatural as exclusive homosexual behaviour, and could be a result of social issues rather than due to physical impossibility. This concurs with Ford and Beach, (1952), who found that the prevalence of

homosexual behaviour in the 76 societies they studied, seemed directly related to the degree of social control exerted against homosexual behaviour.

### 1.3 Genetic Studies

Major theoretical questions facing the scholar seeking answers to a genetic causation for human homosexual behaviour include the question of there being a biological evolutionary derived basis for innate homosexuality, and if so, whether this could be considered an absolute criterion by which to judge sexual behaviour. (Green, 1972)

Genetic theorists need to consider whether homosexual behaviour can be thought a trait in itself, or a manifestation of a more generalised trait for sexual behaviour. If the hypothesis is accepted that homosexual behaviour is a trait in itself, and not an expression of emotional or sexual motivation, then this trait must have a genetic basis and it is the role of the geneticist to prove that material in the DNA is responsible for the development of a trait under certain conditions and to identify the factors that are responsible for the development of this trait. (Futuyma and Risch, 1984) Furthermore, genetic studies need to question whether in fact there are two sets of genes involved; one for homosexual behaviour and one for heterosexual behaviour (the expression of which depends on differing environmental conditions); or, alternatively, whether one gene

is responsible for the exclusive expression of either homosexual or heterosexual behaviour? Answers to the above questions are made all the more difficult in that unlike animals (Kinsey, 1953) some humans display exclusive homosexual or heterosexual behaviour, although homosexual behaviour is displayed by many people some of the time, and also by a few people all of the time. In addition, if homosexual behaviour is due to genetic variables or chromosomal abnormalities, geneticists need to explain why some homosexuals modify their behaviour due to an interpersonal experience like psychotherapy. (Green, 1972)

Early empirical work on the genetic basis of homosexuality was undertaken by Kallman, (1952) who claimed a 100% concordance rate for homosexual behaviour in 40 monozygotic males twins (whilst the concordance rate in 26 dyzygotic male twins was the same as that found in the general population (12%)), and concluded that these results provided indisputable evidence for genetic causation. However, Kallman's work on homosexuality (like his twin studies on the genetic basis of schizophrenia) has been widely criticised. (Futuyama and Risch, 1984; West, 1977) Kallman fails to demonstrate that his monozygotic twins were reared apart and therefore cannot preclude environmental effects on the development of their homosexual behaviour. Other serious errors in Kallman's work include a skewed sex distribution; a sample of criminals selected from German prisons, and a failure to state how he discriminated mono- from dyzygotic twins. Heston and Shields, (1968) in Futuyama and Risch, (1984), investigated five sets of

male monozygotic twins, and seven sets of dizygotic twins, and claimed concordance rates similar to those found by Kallman, (1952). However, this research is also problematic as once again these twins were reared together and the sample was small and not fully representative. Both Kallman and Risch, (1952) and Heston and Shields, (1968) fail to demonstrate statistically significantly exclusive genetic causation for homosexual behaviour. Lang, (1940) attempted to provide evidence for genetic causation by suggesting the possibility of human sexual behaviour being determined not only by the sex chromosomes, but also by the autosomes, even though the sex chromosomes of male homosexuals have invariably been found to be male. If this were so, more male sibs would be found in a sample of male homosexuals than in the general population which usually yields a ratio of 106 men to 100 women. The author indeed found a ratio of 112 men to 100 women for homosexual males under 25 years; 123 men to 100 women for homosexual males over 25, and 106 males to 100 women for 223 married homosexual men. However, besides using an unrepresentative sample of homosexual men with a police record, serious theoretical errors, culminating in problematic conclusions, colour the results of this study. On the basis of the data above Lang, (1940) concluded that the married men were the "less genuine" homosexuals whilst men under the age of 25 were the "genuine" homosexuals, presumably the ones with autosomal involvement! This faulty logic fails to account for the complex and divergent nature of human sexual response and does not provide answers to questions of exclusive versus episodic homosexual behaviour.

In the only genetic study considering female homosexuality by Henry (1941) reported in West (1977) it was suggested that gay women had an immature form of skeletal development. This study, not taken all that seriously, has not been replicated and its results remain unaffirmed.

In conclusion it seems that there is no real proof for exclusive genetic causation of homosexual behaviour, (West, 1977; Kinsey, 1953) However, our current measurement techniques remain crude and problematic, and the possibility of genetic involvement remains feasible. (Futuyama and Risch, 1984)

#### 1.4 **Studies of Parental Age, Birth Order and Family Size**

Research into parental age, birth order and family size was initially undertaken by those scholars interested in isolating genetic variables responsible for homosexuality. However, as will be seen, this research has not been able to prevent environmental factors from contaminating possible genetic involvement, and it seems questionable whether this is in fact possible or useful in the study of human behaviour. (Anastasi, 1958; Green, 1972)

The first variable to be reviewed is **parental age**. Slaters, (1962) in O'Connor, (1964) suggests that chromosomal abnormalities (like in Down's Syndrome), but as yet undetected, might account



for his findings of a higher prevalence of homosexuality in the youngest sons of elderly mothers. Abe and Moran, (1969) in West, (1977) assessed 291 files of male homosexuals at the Maudsley Clinic (thus a patient sample) and found that the mothers of these homosexuals were at least two years older than mothers in the general population. Not surprisingly, they found that the fathers were also at least three years older than the general population, and that this trend was consistent and significant. The authors, whilst claiming that biological involvement is unlikely, suggest that sperm from ageing testes might carry damaging mutations responsible for the development of homosexual behaviour in men.

This research has thus sought to isolate biological causation for homosexuality, but, as O'Connor, (1964) states, environmental factors are indisputably involved, and he suggests that parenting by elderly parents might be important in the development of homosexuality. Unfortunately, O'Connor, (1964) applies faulty logic when he suggests specifically that elderly parental indulgence leads to homosexuality!

Contrary to the Slater (1962) study, in O'Connor, (1964) and Abe and Moran's, (1969) work in West, (1977); Saghir and Robins, (1969) found no significant differences in mother's age in homosexual men and women; however this study has not been replicated. Thus the results from research on parental age as an important variable either from a genetic or environmental

perspective remains inconclusive and unreliable.

With regard to **birth order**, Westwood, (1960) in West, (1977) reports that 80% of the 127 male homosexuals he assessed had been reared as only or first born sons. Gundlach, (1977) found that 43 out of 217 female homosexuals compared to 31 out of 231 heterosexual controls were only children; and in another study by Gundlach, (1969), significantly more homosexual women than heterosexual women were found to be the first born in families of one or two children. However, in families of five or more children very few first born girls were homosexual. Working from an environmental position, Gundlach, (1969; 1977) suggests that very different family dynamics may be operative for the first born girls of small families than for the later born girls from large families. He postulates that first born or only girls might be subjected to pressure to accomplish themselves. Later born girls might have been neglected, and these variables Gundlach, (1969; 1977) feels may have some bearing on the development of a homosexual identity. However, Siegelman, (1973) reports no significant differences in birth order and family size between homosexual samples and heterosexual controls in his study.

From the work of Westwood, (1960) reported in West, (1977), and Gundlach, (1969; 1977) it is suggested that birth order, especially in families of one or two, may play a role in the development of homosexual behaviour. However, as can be seen this suggestion necessarily contains the hidden assumption that

homosexual identity formation is a reaction to certain variables in the environment which are detrimental, and therefore that homosexuality itself is a form of deviant development. (Halleck, 1971)

### 1.5 Hormonal Studies

Early research on hormonal causation for homosexual behaviour involved experimentation on animals. Beach, (1941) in Kinsey, (1953) injected gonadal hormones into rats who displayed increased same-sex sexual behaviour. Beach concluded from this that an increase of male hormones in female rats produced homosexual behaviour, and suggested that likewise, hormonal issues might play a large part in the development of homosexuality in humans. But, as Kinsey, (1953) pointed out, what was in fact increased in these rats was the intensity and frequency of male aggressive behaviour manifested by indiscriminate sexual responses. Thus it seems that whilst male hormones may enhance aggressivity and therefore increased sexual activity in rats, they do not necessarily influence object choice for sexual expression in infra-human mammals.

In a study of 30 homosexual men and 50 controls, Kolodny and Toro, (1971) undertook complicated plasma testosterone tests on the sample and found that men scoring between 1 and 3 on the Kinsey scale<sup>1</sup> did not differ from the controls on levels of plasma

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1. Kinsey, (1953:638) scale: Based on both psychological reaction and overt experience, individuals rate as follows : 0 = Exclusively heterosexual; 1 = Predominantly heterosexual: only incidental homosexual; 2 = Predominantly heterosexual: more than incidental homosexual; 3 = Equally heterosexual and homosexual; 4 = Predominantly homosexual: but more than incidental heterosexual; 5 = Predominantly homosexual: but incidentally heterosexual; 6 = Exclusively homosexual

testosterone. However, those subjects who scored 5 or 6 on the Kinsey scale showed a significantly lower testosterone level, suggesting endocrinal dysfunctioning in these men. However, the authors point out that they are not sure if the abnormalities were of a testicular, pituitary or hypothalamic nature. Furthermore, decreased plasma testosterone levels could be secondary to primary homosexual psychosocial functioning and the depressive reaction could have been relayed through the hypothalamus from higher cortical centres. (Kolodny et al, 1971)

Loraine, Ismail, Adamopoulos and Dove, (1970) in a complicated medical analysis, studied the hormone excretion patterns of 3 male homosexuals and 4 female homosexuals. Loraine et al found abnormalities of endocrine functioning in all but one of the sample when compared to the control group. However, methodological problems in this study minimise these results. Firstly, the controls were all staff members at the clinic where the researchers worked, and it is possible that previous homosexual activity on their part might have been concealed. Secondly, Loraine et al do not mention how the sample was selected and one is left wondering if the authors tested those homosexuals who do have endocrinal problems and therefore present at the clinic at which they work. A redeeming factor is that Loraine et al accede that the endocrinal abnormalities could be the direct result of a complicated interplay of psychological factors acting through the pituitary-hypothalamic axis, as in the case of incapacitating dysmenorrhea in women or impotence in men, where usually no

endocrinal abnormality can be detected.

Kenyon, (1968) and Clippinger, (1971) summarise the results of hormonal research by confirming that so far endocrinal abnormalities have not been found to be of causal importance in homosexual behaviour. West, (1977) suggests that most researchers in this field agree that it is a futile task to assume that molecular chemistry can give direct answers to problems as complex as human personality and sexual development. Loraine et al (1970) suggest that homosexual aetiology might be multifactorial, and wishes to see greater liaison between psychiatrists, psychologists and endocrinologists.

## 1.6 Psychoanalytic Theory

### 1.6.1 The Issue of Constitutional Bisexuality

The capacity of mammals to engage in heterosexual and homosexual behaviour as seen previously in this chapter, (Ford and Beach, 1952; West, 1977) forms the basis for the study of bisexuality in humans. As far back as 1884 Gley, in Socarides, (1963) suggested a fundamental bisexuality in humans as an explanation for homosexual behaviour, with the assumption that this capacity for bisexuality was as innate in man as it is in animals.

Freud, in **Three Essays**, (1905) also suggests something innate in homosexuality, but says that:

"what is in question are the innate constitutional roots of the sexual instinct"; (1905:203)

and not the object itself. Freud quotes:

"Psychoanalysis has a common basis with biology; it presupposes our original bisexuality in human beings as of animals ... but psychoanalysts cannot elucidate the intrinsic nature of what in conventional or in biological phraseology is termed 'masculine' or 'feminine' ... when we attempt to reduce them further we find masculinity vanishing into activity and femininity into passivity, and that does not tell us enough" (1920:134).

Thus, partly based on biological and anatomical considerations such as the existence of physical hermaphroditism and the existence of sexual organs of the opposite sex in every individual, Freud concluded, following his assumption of psychophysiological parallelism, that in any individual there had to be present at least some characteristics of the other sex, whilst in other individuals a great deal of such characteristics might exist. (Gillespie, 1964) However, Freud was not concerned with the clinical use of the term 'bisexual' to refer to someone who actually has sexual relations with both sexes; rather he uses the term more fundamentally and metaphorically. (Gillespie, 1964)

For Freud, the term bisexual is seen to contain three major elements:

- somatic sexual characteristics;
- psychical sexual characteristics (masculine and feminine);  
and
- overt manifestation of object choice. (Freud, 1920)

These three elements are thought to vary, are both independent and dependent of each other, and are met with in different individuals in manifold permutations. Freud, (1920) believed that most publications concentrate on the third element: that most visible to the public, most often labelled "bisexual" or "homosexual", and frequently exaggerating the closeness of the association between the first and third element, and thus neglecting the inner psychical masculinity and femininity of human functioning. Fenichel, (1945) agrees with Freud that the term bisexual has been used in different contexts, and if it is used as a term applicable to individuals who engage in sexual relations with persons of both sexes, then it is used in a descriptive sense, and not as an explanatory dynamic concept which he feels is more useful.

In **Three Essays**, (1905) Freud describes overt homosexual behaviour as a manifestation of the third element mentioned above, that is, a deviation in the choice of sexual object, whereas the original force towards sexual gratification is taken as constitutionally and biologically determined. (Socarides, 1963)

### 1.6.2 The Psychoanalytic Understanding of Female Homosexuality

Freud's belief in man's innate potential for bisexuality, both psychologically and behaviourally never faltered, and he is seen to have maintained this belief throughout his writings. (Mitchell 1973) His first thoughts, initially attempting to understand psychological femininity, are reflected in his writings in *Three Essays*, (1905) and continue throughout his works of the 1920s and 1930s. Freud seemed fully aware of the enormity of the field. He writes :

"The development of a little girl into a normal woman is difficult and complicated, ... there is nothing corresponding in the development of the man". *Femininity*, 1933 (1975:150)

Despite the difficulties and complications, and although he says

"I feel uncertain so to speak of the extent of my licence". *Femininity* 1933.(1975:151)

indicating insight into the limitations of his own masculinity, Freud expanded a thesis based on psychodynamic principles that was to profoundly influence early twentieth century thought and research into female sexuality.

The writer is aware of the complexity of this field, and the problems inherent in attempting to review Freud's work on female sexuality outside of his major psychoanalytic concepts, (Mitchell,



1973) which the nature of this thesis demands. Nevertheless, in order to evaluate the impact that psychoanalysis has had on the theoretical understanding of female homosexuality, it is necessary to highlight some of Freud's basic assumptions concerning female sexual development. The interested reader is referred to Freud's own accounts for a complete exposition for which there is no substitute.

According to Freud, the girl's first love object is her mother, and he places much emphasis on the pre-oedipal mother-daughter relationship for the development of psychical femininity. He says :

"... this phase of affectionate pre-oedipal attachment is the decisive one for a woman's future.... During it preparations are made for the acquisition of the characteristics with which she will later fulfil her role in the sexual function". **Femininity** 1933 (1975:168)

By this, Freud seems to intimate that the foundations of psychological femininity are laid during this pre-oedipal time, and difficulties in the mother-daughter relationship have deleterious compounding consequences. Later progression into the phallic phase brings with it the acknowledgement by the girl of her lack of penis. According to Freud, this insight marks the beginning of the castration complex, and prepares the girl for oedipal tasks. The child is seen to hold mother responsible for her castration and her attachment to mother is significantly

influenced by her intense anger for penis deprivation.

Freud says:

"The discovery that she is castrated is a turning point in a girl's growth". *Femininity*, 1933 (1975:160)

and according to him, her negotiation of this discovery prepares her for adult sexual functioning. The girl, according to Freud, has three basic options. There are, he says:

"three possible lines of development ... one leads to sexual inhibition and neurosis; the second to change of character in the sense of a masculine complex; and the third finally to normal femininity". *Femininity* 1933 (1975:160)

In the first line of development, the girl's self-love is shattered by the acknowledgement of penis deprivation. Her hostility towards her also castrated mother is seen to turn her away from women and womanhood towards masculine objects which in adult life represent the penis she was deprived of and of which she remains eternally envious. For this type of woman, heterosexual behaviour is seen as a neurotic attempt to regain the penis she imagines she once possessed and lost.

In the third line of development leading to normal femininity according to Freud, the girl is seen to exploit the passive parts of her sex drive and willingly transfers her sexual attention

from mother to father, culminating in the successful negotiation of the oedipal complex, and preparing the girl for the genital phase and later heterosexual behaviour.

The second line of development according to Freud leads to female homosexual behaviour. This is the extreme achievement of a masculine complex, where the girl refuses to recognise and accept her perceived castration, becomes defiantly rebellious, exaggerates her pre-oedipal masculinity, and takes refuge in an identification with a phallic mother or father. This girl is seen to remain pre-oedipally fixated. He says:

"extreme achievement of such a masculinity complex would appear to be the influencing of the choice of an object .... in the sense of manifest homosexuality .... female homosexuality is not a direct culmination of infantile masculinity .... rather, as a result of disappointments .... (the girl) is driven to regress to her early masculine complex". *Femininity* 1933 (1975:168)

It seems then, that for Freud, regression into an early masculine complex due to unresolved difficulties in pre-oedipal mother attachment, and further devastating disappointments in the phallic phase, leads to the third line of development, and in extreme cases to the overt manifestation of same-sexed object choice, that is, female homosexual behaviour. (Freud, 1920) The fundamental assumption it seems, is that female homosexuality is behaviour based on regression and fixation, both suggestive of psychopathology.

Post-Freudian psychoanalysts, while in the main accepting his basic assumption of psychopathology, have expanded and emphasised various critical phases in the aetiology of female homosexuality. Some writers have reinforced pathology in pre-oedipal mother daughter attachment, stressing the role of an oral fixation, and unresolved oral conflicts in female homosexuals. (Socarides, 1963) Other writers stress unresolved oedipal conflicts as paramount in female homosexual development, and give more consideration to the daughter-father relationship. Abraham, (1927) in Fromm and Elonen, (1951) sees female homosexuality as an hostile act of revenge towards father and all men arising out of unresolved anger and envy. Lampl-de-Groot (1933) in Socarides, (1953) suggests that the girl blames her mother for penis deprivation and turns to father with passive desires to be loved. If father rejects her, the girl returns to her old but hostile attachment to mother. Therefore for these theorists, active female homosexuality is a defence against intense hatred and hostility towards the mother. Fenichel, (1945) stresses the role of mother and father and claims that two factors are important. Firstly the attachment to women is symbolic of the girl's early libidinal fixation to mother. The active masculine female homosexual is seen to have responded to her disappointment of her oedipal mother through an hostile identification with her father, and engages in relations with women who represent mother equivalents. Secondly this identification with her father, enables her perhaps to see her lover as representing parts of herself, and she behaves towards her lover as she wishes father

had behaved towards her.

Thus psychoanalytic writers have generally looked towards mother-child or father-child relationships for causation, and specifically to pre-oedipal or oedipal difficulties in the aetiology of female homosexuality. Although it is not really possible to distinguish oedipal from pre-oedipal; both are part of the other. From the above it can be seen how psychoanalytic theory has fostered the notion of homosexuality *per se* being a form of psychopathology. However, as will be seen in this chapter, psychoanalytic research has not conclusively upheld this assumption.

### 1.6.3 Critique of Psychoanalytic Theories

Freud's work on female sexuality was subject to a reaction on two levels. The first reaction came from writers who criticised the basic tenets of Freud's theories on normal female sexual development. Feminists such as De Beauvoir, (1972) for his assumption of male penis superiority; his reductionistic emphasis on anatomy and constitutional drives, and his failure to conceive of women having the power of choice in psychosexual development. According to these writers, Freud is seen as having been influenced by Victorian culture and accepting and perpetuating Victorian male/female power imbalances. Mitchell, (1973) in a review of feminist criticisms of Freud's work and in defence of Freud claims that he worked consistently for social freedom and freedom of sexual repression through psychoanalysis. She maintains that

Freud's belief in man's innate bisexual capacity is proof of his culture-free thinking, and says that according to her

".... psychoanalysis does not describe what a woman is ... far less what she should be ... (it) only tries to comprehend how psychological femininity comes about". (Mitchell, 1973:338)

The second reaction to Freud's work on female homosexuality came from the researchers who were intent on proving or disputing the basic assumptions of regression and fixation. This provided the impetus for a tremendous amount of research in the area, and as mentioned earlier, this area of research particularly, is subsequently polemic, emotive and multifaceted.

### 1.7 Studies of Parent-Child Relationships

Psychoanalytic theory, postulating pathology in the parent child relationship as a causative factor in the development of homosexuality opened up a vast area for empirical research. Initially, the research addressed male homosexual behaviour where Freud's basic tenet was tested namely that very simplistically, the unavailability of a strong, loving father, and an over-involved domineering and seductive mother could lead to the development of homosexuality in males. Unfortunately, it is beyond the scope of this thesis to extend this statement further concerning male homosexuality, as has just been done for female homosexual development, but it is important to note

here that the earlier results obtained from studies of male homosexuality were used as points of departure in the empirical aetiological research on female homosexuality.

Thus initial studies on faulty parent-child relationships as an aetiological antecedent of female homosexuality began from the assumption that female homosexuality and male homosexuality were similar or exactly the opposite. In fact, some of these researchers predicted the opposite results in their studies on women to what they had found in gay men; and postulated an inverted oedipal picture for gay women. Unfortunately, proceeding in this manner, researchers neglected to consider that male and female psychosexual development might be completely unrelated variables; that female psychosexual development may be more difficult and follow a unique developmental path; and failed overall to consider the tremendous complexity of the total nature of human psychosexuality.

However, because the reliance by researchers of female homosexuality on studies conducted on gay men, it is necessary to outline briefly the aetiological research on parent-child relationships in the male homosexual first.

#### **1.7.1 Male Homosexuality**

The most important early pioneers in this field seem to have been Bieber, Dain, Dince et al, (1962) who obtained questionnaires

from the psychoanalysts of 106 homosexual men and 100 heterosexual men, concerning the patient's early relationships with mother and father. The study hoped to ascertain whether parental roles were of any significance in the aetiology of homosexual men. Bieber et al, (1962) found that the fathers of homosexual patients were significantly more detached and hostile than fathers of heterosexual patients. Mothers of homosexual patients were found to be significantly more dominant in the family, minimised father, and were more overprotective with their sons than the mothers of heterosexual patients. These mothers seemed to have what the authors termed a close binding and intimate (C-B-I) relationship with their sons, and Bieber et al suggested that this type of mother-son relationship is critical in the development of male homosexual behaviour. However, Evans, (1969) points out that there are major problems in Bieber's (1962) work. Firstly, Bieber, (1962) relied on a patient sample, not representative of a well-functioning male homosexual population. Secondly, Bieber, (1962) used analysts' interpretations of their patients' retrospective memories which could be deleteriously influenced by numerous variables such as therapist contamination and distortion. Thirdly, 11% of Bieber et al's, (1962) normal controls also revealed a C-B-I mother and a detached, hostile father pattern, but were not homosexually orientated and Evans, (1969) feels that Bieber et al, (1962) fails to explain this finding.

In an attempt to replicate the work of Bieber et al, (1962) but



using a non-patient sample, Evans, (1969) matched 185 American men (43 homosexuals and 142 heterosexuals) to Bieber et al's (1962) sample in terms of age, education, marital status, sibling status, occupation and rating on the Kinsey scale. (Evans, (1969) admits that it is possible that the heterosexual sample contained some homosexual men.) Each respondent completed a shortened version of the Bieber et al, (1962) retrospective questionnaire. Mothers of the homosexual sample were more puritanical; more cold and frigid to men, more seductive, more likely to be the centre of attention, ally with the child against the father, and discourage masculine and encourage feminine behaviour than the heterosexual sample. Fathers of the homosexual sample were significantly more likely to have little time for the child, and the child was more likely to hate father; be physically afraid of him, be less accepted by father, and have less respect for him. Thus overall, these results were significant, and in accordance with Bieber et al's, (1962) findings. However, Evans, (1962) does not accept the cause and effect relationship of these variables to homosexual behaviour as Bieber et al, (1962) seems to have. Evans, (1969) claims that Bieber et al, (1962) underemphasized the role of the son in the triad, and that it is possible that a child's innate characteristics could influence the parent's response to him. Evans, (1969) suggests that father's detached, hostile relationship with his son could be due to his lack of understanding or disappointment in the son. Indeed Freund, Langevin and Zajac et al, (1974) pick up on this point and say:

"(These results do) ... not carry any information as to whether the destructive father-son relationship (is) due to the behaviour of the father, the son, or both and whether the high degree of closeness between mother and son was basically due to the overpossessiveness of mother, or to the son not breaking away from his mother's protection". (1974:23)

Evans, (1969) therefore feels that there is something more fundamental in the aetiology of homosexual behaviour and suggests a complicated interplay of multiple aetiology. In a retaliation to Evans, (1969) by one of the Bieber et al, (1962) team, Gundlach, (1969) points out that Evans', (1969) criticism concerning the neglect of the role of the child in the triad is unwarranted. He claims that the child was the whole focus of the Bieber et al, (1962) study. Furthermore, Gundlach, (1969) stresses the intention of the Bieber et al's, (1962) study to seek out the complex multivariable nature of the factors in the aetiology of homosexuality. Gundlach, (1969) also criticises Evans, (1969) for shortening the original questionnaire and thereby not taking into account the many cross-tabulations between related questions.

However, both Bieber et al, (1962) and Evans, (1969) found evidence for a C-B-I mother and a hostile detached father, and in spite of the serious research, design and methodological problems mentioned in Table 01, their results seemed to motivate further research into this area. A breakdown of the results of the more important studies on parent-child relationships in the development of male homosexuality, together with an account of research problems

in each of these studies is presented in Table 01. However, what begins to emerge from an analysis of the combinations of these studies is the lack of apparent consistency of results in the mother-child relationship, whilst the father-son relationship almost always seems to be particularly poor.

TABLE 01 : Summary of major research findings into the role of parent-child relationships in the aetiology of adult male homosexual behaviour.

RESEARCH	RESULTS		RESEARCH PROBLEMS
	MOTHER	FATHER	
Apperson and McAdoo, (1968)	No evidence for C-B-I	Cold and impatient	retrospective study; small sample; definition of homosexuality not clear
Bene, (1965)	No evidence for C-B-I	Poor relationship	sampling technique not stated; definition of homosexuality not clear; projective test; retrospective study;
Bieber et al, (1962)	C-B-I	Hostile, detached	patient sample; retrospective recollections; assessment by psychoanalyst; 11% of controls had C-B-I mothers; and hostile, detached fathers; no mention of son's involvement
Evans, (1969)	C-B-I	Hostile, detached	retrospective study; shortened version of Bieber questionnaire neglects interplay of variables
Freund et al, (1974)	Unreplaced loss before age 13	Poor relationship	definition of homosexuality not clear; retrospective study; sampling technique not stated; instrument used not clearly evaluated
Hooker, (1957)	No differences	No differences	projective instruments; administered and scored by different psychoanalysts; errors of validity and reliability
Stephen, (1973)	C-B-I	Fearful, rigid and unavailable	retrospective study; sampling technique not stated; instrument not evaluated; considerable variance in results based on group means
Thompson, Schwartz, McCandless and Edwards, (1973)	Seductive; rejects masculine attributes in her son	Negative, hostile	poor sampling and selection; definition of homosexuality not clear; Evans' (1969) shortened version of Bieber's (1962) questionnaire

It is important though, that even this trend towards impaired father-son relations in the history of male homosexuals be carefully considered. Firstly, problems of internal validity and/or external validity exist in almost all the studies reviewed, and the extent to which these results are valid and reliable and can be generalised to a population of well functioning male homosexuals is questionable. Secondly, there is the issue of causation. A significant correlation between a poor father-son relationship and male homosexuality is not necessarily a predictor of cause and effect, and as outlined earlier by Freund et al, (1974) the input of the son on this diad is equally important. Hooker, (1957:141) seems to summarise the findings into the aetiology of male homosexuality when she says :

".... disturbed parental relations (may be) neither necessary nor sufficient conditions for (male) homosexuality to emerge".

Apperson and McAdoo, (1968) suggest that cross-validation studies amongst the literature might be useful in order to attain a degree of order and reliability.

### 1.7.2 Female Homosexuality

As previously mentioned, the empirical research on the aetiology of female homosexuality seems to have been greatly influenced by the earlier studies on male homosexuality, and once again, theoretical psychoanalytic assumptions concerning female

homosexual development have guided the literature. These are :

that the girl is too strongly pre-oedipally attached to mother, is orally fixated, or otherwise is hostile towards mother;

that the girl is afraid of father in childhood;

that father is weak, and mother dominant as in male homosexual research.

Duplicating her study into male homosexuality, Bene, (1965) matched 37 female homosexuals with 80 married women, and administered the Bene Anthony Family Relations test. She found that significantly more homosexual women than heterosexual women had a poor relationship with their father; who seemed ineffectual; whilst mothers of homosexual women were not significantly more overprotective or overindulging than mothers of heterosexual women. Bene, (1965) concludes :

"The differences between the relations that homosexual and heterosexual women have had with their father is far greater than the difference between the relations they have had with their mother ... female homosexuality tends to be connected to unsatisfactory relations between the girl and her weak and impatient father". (Bene, 1965:20)

Thus Bene, (1965) felt that a poor father-daughter relationship was an important causative factor of female homosexuality. Kaye, Berl, and Clare et al, (1967) also stressed the role of father

in their study.

In a widely quoted study, Kaye, Berl, and Clare et al, (1967) set out to duplicate the Bieber et al, (1962) study on the aetiology of female homosexuality. Kaye et al, (1967) administered the Bieber et al, (1962) questionnaire to 24 homosexual and 24 heterosexual women. The authors found that mothers of the homosexual women were significantly more dominating, and babied their girls more than the mothers of the heterosexual group. Fathers of the homosexual group were more puritanical; more concerned about their daughter's health; more likely to ally with their daughter against mother; less frequently feared by their daughters; more jealous of their daughter's friends; related negatively to affection between mother and daughter, and the homosexual group more frequently felt that they were exploited by father to meet his own needs when compared to the heterosexual group. From these results Kaye et al, (1967) postulated an inverted oedipal situation in the development of female homosexuality, and suggested that a close binding intimate (C-B-I) relationship existed between daughter and father. However these results must be seen in view of the following: Firstly Kaye et al, (1967) like Bieber et al, (1962) used a patient sample in this research which was small and which might not be representative of those female homosexuals who function well in society. By using a patient sample Kaye et al, (1967) fail to separate psychopathology from homosexuality. Secondly, the Bieber et al, (1962) questionnaire

was administered by psychoanalysts, resulting in problems like retrospective reporting and possible contamination of therapist involvement.

In 1968, Kenyon compared 123 female homosexuals with 93 married women who all completed a self administered Maudsley Personality Inventory, and the Cornell Medical Index health questionnaire. Kenyon, (1968) found that the home life of the homosexual group revealed a significantly higher incidence of marital conflict, and divorce and separation than the heterosexual group. Mothers of the homosexual group were more likely to be dead, and homosexual women more frequently reported a poor relationship with their mother than heterosexual women. The relationship between father and daughter was more likely to be poor for homosexual women than for heterosexual women. However, Kenyon, (1968) failed to state how he found his sample or what definition of homosexuality he applied.

From the above it can be seen that the Kenyon, (1968) study, (compared to the work of Bene, (1965); Kaye et al, (1967) and Thompson, Schwartz, McCandless and Edwards, (1973) who stressed the role of the C-B-I father) pointed to the possibility of disturbed parental relationships in both the mother-child and father-child diads of equal magnitude, and in the next study by Kremer and Rifkin, (1969). The results also shift away from a C-B-I father and reveal instead a mother who is overburdened and inadequate.

Kremer and Rifkin, (1969) assessed 25 homosexual girls between the ages of 12 and 17; with an emphasis on family background and relationships. The authors found that not one girl in their sample had come from a normative nuclear family. The mother-daughter relationship was found to be conflictual, and compared to the dominant mother theory, the authors found instead an overburdened and inadequate mothering style. Kremer and Rifkin, (1969) did not find the inverted oedipal position and a C-B-I relationship with father but rather these girls saw their fathers as hostile, detached, exploitive and absent. However, the sample of girls used in this study were referred by teachers, and the authors fail to state what criteria, if any, were applied to selection. Although they say these girls were all homosexuals, it is possible that learning problems or behavioural problems might have been criteria used by teachers for selection in this sample, thereby contaminating the results. Furthermore, the authors fail to use a control group to which their sample can be compared, especially important in this case as these girls all came from low socioeconomic groups where overburdened mothers, absent fathers, and marital discord is common. (Rutter and Hersov, 1977)

In a well thought out study, Loney, (1973) matched 11 homosexual women to 12 heterosexual women between the ages of 20 and 34. These homosexual women had all been openly homosexually active for at least 6 months and were happy with their sexual orientation. Furthermore, they were all well educated, unmarried,



and 6 of them had previously had psychotherapy; 4 with a view to coming out, and 2 for scholastic problems as children. Loney, (1973) used a projective instrument, the self administered Elias Family Adjustment test. The results revealed significant differences between the two groups in that the homosexual women more frequently reported adverse early parent-child relations; inter-parental friction; negative attitudes towards both mother and father, and a long struggle for independence. Loney, (1973) suggests a parental constellation of cruel husband and father, martyred mother and angry children; and questions whether female homosexuality could be seen as a retaliation to this background.

Loney's, (1973) work, like the work of Kenyon, (1968), intimates that disturbed parental relationships with both parents might be significant in the development of female homosexuality, and this hypothesis seems to be validated by Siegelman's, (1974) study.

Siegelman, (1974), matched a non-patient homosexual sample with a heterosexual group of women, and administered a parent-child relations questionnaire, and a biographical questionnaire, both relying on retrospective recollections. The author found no support for the C-B-I father theory or for the theory of an inverted oedipal triad in the homosexual group, although this group seemed less close to father than mother. The mothers of homosexual women were less loving and less demanding than heterosexual mothers and the homosexual group more frequently

reported inter-parental friction and family insecurity.

From the above brief review of the most important studies, we see that for women, the aetiological picture concerning homosexuality seems to be much less clear than that of male homosexuality, and the results are contradictory. (West, 1977) The specific role of the mother-child or father-child relationship remains uncertain, but what does seem to be emerging from the literature may be a pattern reflecting conflictual relations with **both** parents in the history of female homosexuals.

However, once again these results need to be carefully understood in terms of a number of difficulties previously mentioned, namely, poor research reliability and validity; (see Table 02 for a summary of research problems) and questionable cause and effect predictability between past variables such as poor parental relations and the manifestation of overt adult homosexual object choice.

TABLE 02 : Summary of major research findings into the role of parent-child relationships in the aetiology of adult female homosexual behaviour.

RESEARCH	RESULTS		RESEARCH PROBLEMS
	MOTHER	FATHER	
Bene, (1965)	Not overprotective or overindulgent	Poor relationship with fathers: weak and ineffective	sampling technique not stated; definition of homosexuality not clear; projective test; retrospective study
Kaye et al. (1967)	Dominating, over-indulgent mothers	C-B-1 father	small patient sample; contamination of psychopathology with homosexuality; questionnaire administered by psychoanalysts; retrospective study
Kanyon, (1968)	Poor relationship with mother; mother absent or dead	Poor relationship with father	sample selection not stated; definition of homosexuality not clear; retrospective study
Kramer & Rifkin, (1969)	Overburdened, inadequate mothers	No evidence, for C-B-1 father Father hostile, detached, exploitive and absent	sample selection poor; no control group; confounding variable of low socioeconomic status; retrospective study
Loney, (1973)	Poor relationship with martyred mother	Poor relationship with cruel father	small sample; projective test; retrospective study
Sliegelman, (1974)	Closer to mother than father	No evidence for C-B-1 father	retrospective study

## 1.8 Conclusion

A review of the aetiological literature reveals no single causation variable that can be isolated as a predictor of female homosexuality, which perhaps suggests that female homosexuality may not be a single clinical entity. (Kinsey, 1953)

Results of the research on hormonal causation, genetic involvement, and parent-child relations as antecedents remain

inconclusive, polemic and contradictory. Even though some trends may be emerging in the literature, the efficacy of these are seriously hampered by poor research design and methodology, and theoretical misconceptions are plentiful.

## 2. LESBIAN PERSONALITY ADJUSTMENT

Psychoanalytic theory describes female homosexuality as a pathological mode of behaviour that has arisen out of difficulties in the parent-child relationship. However, empirical investigation, riddled with research problems, has not provided sufficient evidence to support or refute its claims that are significant and can be generalised to a population of well-functioning homosexual women. Despite this, the assumption holds, and is followed with the belief that women who become homosexual are therefore inevitably maladjusted or have disturbed personalities. This belief has important consequences, for example, for lesbian women involved in child custody disputes, where the decisions of judges have been influenced by assumptions of psychopathology, (Hitchens and Price, 1978) and it is imperative for the purposes of this thesis that this belief of inevitable pathology be investigated in terms of the available research results.

The major research on the personality functioning of gay women can be divided into two categories; those utilizing projective techniques, and based on the psychoanalytic theory and the projective hypothesis; and those employing non-projective techniques of personality assessment.

## 2.1 Projective Studies

Fromm and Elonen, (1951) assessed one gay woman and administered the Rorschach, the TAT and the Szondi to determine her personality functioning. The woman they tested was a patient currently in analysis for depression, volatile mood variation, and alcohol abuse. She had a schizophrenic mother, an absent father, and had spent her childhood in foster homes. On interpretation of the projective profiles, the authors report that this patient had a deprecatory attitude towards males, an inadequate family life, pre-oedipal hostility toward mother, a competitive identification with father, and penis envy. On the basis of this, they claim:

"... it can be assumed from the psychological material that the patient, as a defence against oedipal desires, and as a result of oedipal frustration, returned to the oral level of sexual development and to the need to have her passive dependent wants satisfied by a mother figure. ... repressed oedipal hostility toward mother was one of the main dynamic roots of the patient's conflicts." (1951: 204-5)

Thus these authors concluded that this patient's homosexuality was pathological and accordingly she displayed a pathological personality organization. The authors, however, fail to state the problems inherent in their research design. These include, amongst others, a single patient sample hardly representative of those homosexual women who function well socially;

contamination of results with other psychopathology; and a failure to state clearly why this patient chose to be homosexual, and what the relationship was between her homosexuality *per se* and the result of these tests.

In complete contradiction to the Fromm and Elonen (1951) study, Hooker, (1957), in a widely quoted piece of research, matched thirty pairs of heterosexual and homosexual women, and administered the Rorschach and the TAT. She reports no significant differences between groups on levels of adjustment or personality; no signs of oral frustration, regression or fixation in the homosexual women, and no evidence to suggest that female homosexuality is a single clinical entity.

Riess, Safer and Yotive, (1974) report a study by Ferracuti and Rizzo, (1959) who administered the Bender Gestalt, the Rorschach, and the Draw-a-Person to 20 jailed female homosexuals, representing a Puerto Rican population. The authors report a pattern of psychical functioning in these women similar to the findings of Fromm and Elonen, (1951). However, as Riess et al, (1974) point out, this prison sample cannot be seen as representative of a normal female homosexual population. Furthermore, the authors failed to state how they define female homosexuality, and failed to consider the possibility that female prison homosexuality might be primarily a response to the situation itself. (West, 1977)

Armon, (1960) compared a non-patient sample of 30 homosexual and heterosexual women on their responses to the Rorschach and the Figure Drawing test. His main hypothesis was that overt homosexual women are different in personality functioning when compared to overt heterosexual women. Armon, (1960) delineated six sub-hypotheses based on psychoanalytic theories. He predicted that homosexual women would

- be more dependent;
- see women with hostility and aggression;
- be hostile and rejecting of men;
- be fearful of male aggression;
- reject a feminine identification and show marked sex-role confusion; and
- be limited in personal and social functioning.

Armon, (1960) reports no significant differences on most of the hypothesis, between the two groups of women. However, he found that the heterosexual women tended to accept their dependency needs more, whereas the homosexual women expressed unsatisfied dependency yearnings. The author also reports significant residual infantile guilt, anxiety and hostility towards mother by the homosexual group. However, Armon, (1960) warns that this result is only a correlation with no cause-effect relationship, and that he could not claim that perception of feminine figures as aggressive is the end result of oral-sadistic ties to mother. Armon, (1960) concludes:

"The failure to find any clear-cut differences which are consistent for the majority of the group would suggest that homosexuality is not a single clinical entity. On the basis of present indications it would seem unwise to make generalizations about female homosexuals as a group or to assume that homosexuality is necessarily associated with gross personality disturbance. One could not describe the majority of homosexual women as more poorly adjusted on the basis of projective test performances". (1960:308)

## 2.2 Non-Projective Studies

Freedman, (1967) reported in Riess Safer and Yotive, (1974) assessed the personality adjustment of 52 lesbian women and 62 heterosexual women, using the Eysenk Personality inventory and the MMPI; and found no significant differences between the two groups.

Kenyon, (1968), administered the Maudsley Personality Inventory, to 123 homosexual women and 93 married heterosexual women, and found that the homosexual group scored significantly higher on the neuroticism scale. However, problems with the design of this study include a sample selection that is not clearly stated, an unclear definition of homosexuality, retrospective research design, and the faulty assumption that correlations between homosexuality and high scores on a neuroticism scale bear direct cause and effect relationship.

In a widely quoted study by Hopkins, (1969) using Cattell's



16PF, the homosexual sample was found to be more reserved, composed and critical. However, these women were also more independent; self-sufficient; resilient and dominant.

Results of studies on the personality adjustment of female homosexuals are conflictual and contradictory, mostly due to difficulties in theoretical conceptualisation which influences method and interpretation, and poor research design and methodology which makes it impossible to cross-validate research results.

However, to date there seems to be no conclusive evidence to suggest that homosexual women necessarily have disorganised, disordered or inadequate personalities purely on the basis of their homosexuality.

Once researchers progress beyond the point of assuming (a) that homosexuality itself constitutes a mental disorder, and (b) that homosexual women must have personality disturbances because they are homosexual, they arrive at a position which enables them to study scientifically, unemotionally, and objectively the nature of the homosexual experience, its meaning, its difficulties and its uniqueness. This enables researchers to evaluate, amongst other things, the incidence of psychiatric disorder in a homosexual population, and to predict aetiological variables that may not necessarily be primarily inherent in homosexuality itself but may also be precipitated by the stresses living as a homosexual person in a heterosexual society.

### 3. THE PREVALENCE, INCIDENCE AND NATURE OF PSYCHIATRIC DISORDERS IN THE FEMALE HOMOSEXUAL

This review proceeds from the assumptions that homosexuality per se is not necessarily a mental illness, and homosexual women do not necessarily have maladjusted personalities. In this section the author is interested in ascertaining the prevalence and nature of psychiatric disorders in female homosexual populations, as documented in the literature.

Saghir, Robins, Walbran and Gentry, (1970) state:

"Commitments to various theories of psychopathology have led to different conclusions regarding the mental health of homosexuals ... (however) to date there have been no systematic clinical studies of psychological disorder in female homosexuals". (1970:147)

Saghir et al, (1970) compared 57 female homosexuals to 43 single controls; a sample obtained through female organizations. Clinically assessing the sample and using the DSM III, the authors found that 42% of the homosexual sample had previously had psychotherapy; 26% of these due to depression. However, 44% of the controls had also previously had psychotherapy, and the difference was not significant. Nevertheless, 75% of the homosexual sample currently manifested one or more psychiatric disorders compared to 44% of the single controls, which was highly significant. (See Table 04). A breakdown of disorders

reveal:

**Affective disorders:** 44% of those homosexual women who currently manifested a psychiatric disorder, and 35% of the controls had previously or currently experienced and affective disorder. The majority in both groups claimed that a break-up in a relationship was the precipitating factor.

**Suicidal attempts:** Significantly more, (23%) of the homosexual sample, compared to 5% of the controls had previously made suicide attempts that required medical attention.

**Alcohol consumption:** Significantly more gay women (10%) were alcohol dependent or alcohol abusive (25%) when compared to the heterosexual control group (0%); (5%).

**Non-prescriptive drug abuse:** Significantly more, (57%), of the homosexual group used non-prescriptive drugs, mainly dagga, compared to 9% of the control group.

**Neuroses, personality disorders and sexual deviations:** were undifferentiated between the two groups.

**Psychiatric illness of Parents:** Significantly more, (26%), of the homosexual group, as opposed to 9% of the control group reported mentally ill parents. The majority of fathers suffered from alcoholism, and the majority of mothers from affective disorders.

TABLE 04 : Prevalence of Psychiatric Disorders (Saghir, Robins, Welbran & Gentry, 1970:151)				
PSYCHIATRIC DISORDER EVER	HOMOSEXUAL (NUMBER = 57)		HETEROSEXUAL (NUMBER = 43)	
	FREQUENCY	PERCENT	FREQUENCY	PERCENT
No definable disorder	14	25	24	56
Affective disorder	25	44	15	35
Excessive and/or problem drinking	20	35	2	5
Anxiety or phobic neurosis	9	16	7	16
Antisocial personality, with or without associated drug or alcohol abuse	3	5	1	2
Obsessional neurosis or hysteria	2	4	0	0
Paranoid states and schizophrenia	0	0	0	0

Overall, the Saghir et al, (1970) study suggests a prevalence of psychiatric disorders in homosexual women that is significantly greater than that found in heterosexual women. The authors warn of the depression - suicide - alcohol triad, a pattern found in the homosexual sample, and state that clinicians should be aware of this triad when a homosexual woman seeks psychological help. However, Saghir et al, (1970) warn about the ability to absolutely generalize their results to the total population of homosexual women, firstly, due to their restricted sampling methodology, and secondly, due to their relatively small sample and thirdly, due to a lack of conceptual uniformity concerning diagnostic criteria.

Hawkins, (1976) also reports on the relatively high incidence of alcohol abuse among homosexual women. He quotes an unpublished report prepared by Fifield for the Gay Community Services Centre in Los Angeles, and combines this with Kinsey's, (1953) figures in an attempt to extrapolate figures of alcohol abuse in gay communities. In this manner, Hawkins, (1976) estimates that there are 22 million gay women in the U.S.A.; 320,000 in the L.A. district alone, suggesting that approximately 97 000 gay women in L.A. are either abusing alcohol or are alcohol dependent. An unpublished report by Weathers also cited by Hawkins, (1976) suggests that 25-35% of people who present for treatment at the Gay Community Service Centre in L.A. have an alcohol problem.

In order to obtain an understanding into the high rate of alcohol

abuse amongst gay samples, Hawkins, (1976) conducted 40 exclusive interviews with gay women, who were recruited by word of mouth. He reports that these women were suffering a significant degree of isolation, despair, and alienation, and suggests that societal prejudice and oppression may be responsible for exacerbation of alcohol abuse by gay women. He says:

"... it is possible that certain structured conditions, such as political, social and economic situations that bar individuals from equal rights and opportunities in society, produce the feelings of alienation found in many of the homosexual individuals. This does not necessarily infer a causal relationship between alienation and high rates of drinking, but the findings do indicate a likelihood that alienation is a contributing factor in the alcoholism rate in the gay community". (Hawkins, 1976:148)

For Hawkins, (1976) it seems that social pressures are seen to have an important causative value in gay female alcohol abusers. Saghir et al, (1970) suggest that the gay bar lifestyle where social and romantic interaction involves drinking that is considered normal, may encourage alcohol abuse and dependency. Furthermore, Saghir et al, (1970) suggests that depression and loss might account for alcohol abuse whilst alcohol itself enhances depression and suicidal intent.

Whilst not disputing the social factors suggested by Hawkins, (1976), Diamond and Wilsnack, (1978) set out to examine the

individual psychological dynamics that may be operative in gay women who abuse alcohol. Ten homosexual women were assessed on psychological variables of dependency, power, sexuality/sex roles, self-esteem, and depression/suicide. (See Table 05).

TABLE 05 : Frequency of Selected Behaviours Among Ten Lesbian Alcohol Abusers (Diamond & Wiltschko, 1978-79:120)			
BEHAVIOUR	PERCENT-AGE	BEHAVIOUR	PERCENT-AGE
Dependency		Sexuality/Sex Roles:	
Expressed strong need for acceptance and approval	100%	Drinking reduced sexual inhibitions	70%
Experienced jealousy, anger, depression when separated from partner	100%	Described sexual problems as source of tension in relationship	50%
Usually did not express feelings directly to partner	100%	Felt social pressure to be heterosexual and/or married	50%
Drank in response to separation, rejection, blame, criticism from partner	100%	Expressed concern or confusion about own sexual identity	40%
Accepted criticism, blame, manipulation from partner	90%	Described self as anorgasmic	20%
Felt anger when dependency needs not met by others	70%	Was promiscuous with women	20%
Accepted physical abuse from partner	10%	Was promiscuous with men	10%
Power:		Self-Esteem:	
Expressed concern about partner's manipulation or control of relationship	100%	Experienced low self-confidence and/or lack of assertiveness when sober	100%
Expressed anger verbally when intoxicated	80%	Perceived self more positively when intoxicated	80%
Made sexual advances when intoxicated	70%	Felt relaxed and self-confident when intoxicated	80%
Experienced feelings of enhanced status or prestige when intoxicated (felt witty, intellectual, entertaining, etc)	50%	Made negative self-references during interview	60%
Was physically assaultive or violent when intoxicated	50%	Depression/Suicide:	
Explicitly associated drinking with feelings of masculinity and power	20%	Drank in response to feelings of depression	100%
		Experienced increased depression (self-pity, sadness) when drinking	70%
		Had suicidal thoughts	70%
		Attempted suicide	40%

**Dependency, Power and Sex Role Conflict:** The high incidence of dependency behaviour in these gay women (See Table 05) is consistent with the hypothesis that gay women may drink in response to dependency needs, (Beckman, 1976), but this study revealed no direct evidence to suggest that drinking necessarily gratifies dependency needs. However, drinking

seemed to be associated with an increase in power-related behaviour. Behavioural changes reported while drinking were predominantly in the direction towards traditional masculine behaviour.

TABLE 06 : Sober and Drinking Behaviour of Ten Lesbian Alcohol Abusers :  
"Masculine" and "Feminine" Characteristics<sup>a</sup> (Diamond & Wilsnack 1978-79:134)

CHARACTERISTICS WHILE SOBER <sup>b</sup>	CHARACTERISTICS WHILE DRINKING <sup>b</sup>	DIRECTION OF CHANGE <sup>c</sup>	PERCENT-AGE <sup>d</sup>
Very passive, shy, retiring, timid, quiet	Very active, outgoing, forward, not timid, loud	F + M	100%
Not at all self-confident	Very self-confident	F + M	100%
Highly needful of others' approval	Indifferent to others' approval	F + M	100%
Very excitable in crisis	Very excitable in crisis	No change	100%
Not at all aggressive; submissive	Very aggressive; not at all submissive	F + M	90%
Very strong need for security	Very little need for security	F + M	90%
Not interested in sex	Very interested in sex	F + M	80%
Not at all creative <sup>e</sup>	Very creative	M + F	80%
Not at all emotional; hides emotions; never cries	Very emotional; does not hide emotions; cries very easily	M + F	30%
Not at all intellectual	Very intellectual	F + M	20%

<sup>a</sup>Adjectives are from the short form of the Spence Personal Attributes Questionnaire, a test of adherence to traditional male vs. female sex-role stereotypes.

<sup>b</sup>Adjectives are anchor points for ratings and are not always actual descriptions of sober and drinking behaviour. Changes are ones of degree; thus a shift from "mildly interested in sex" to "very interested in sex" would be a shift in the traditional masculine direction.

<sup>c</sup>F + M indicates a shift in the traditional masculine direction; M + F, a shift in the traditional feminine direction.

<sup>d</sup>Percentage of sample that showed a given pattern of change. Remaining subjects showed no change, not opposite pattern of change.

<sup>e</sup>Includes 4 subjects who became more "entertaining" when drinking.

From these results Diamond and Wilsnack, (1978-79) suggest that feelings of power in gay women may compensate for feelings of dependency. As a group, (Hopkins, 1969) suggests that lesbian women less readily accept their dependency needs and drinking may offer them a way to overcome these

needs. The authors postulate that rejection of certain aspects of femininity, including dependency, and a need for enhancement of personal power may interlock as a syndrome that encourages dependence on alcohol. This is in accordance with the findings of Armon, (1960) discussed earlier in this chapter, who found that gay women frequently express unfulfilled dependency yearnings.

**Self Esteem and Depression:** Women in this study revealed negative self perceptions whilst sober, and most experienced increased self esteem whilst drinking. All subjects reported that sadness and depression were often the precipitant of drinking. However, more than half of the subjects reported increased depression whilst drinking.

It seems from the above that gay women are at risk for depression, suicide and alcohol abuse. Saghir et al, (1970) suggest that there may be a critical period for gay women, possibly in the late teens and early twenties, where interpersonal conflict and unhappiness is at a peak possibly due to the nature of the coming out process as will be seen in the next chapter. This might be the critical time for intensive counselling and support. Furthermore, Diamond and Wilsnack, (1978-79) suggest that therapy be aimed towards allowing gay women to come to terms with their dependency needs; to find adjustive modes of dealing with them; to explore various constructive avenues of exercising real power to build self esteem and confidence, and to increase communication skills. Furthermore, the authors suggests that psychotherapists might be ethically bound to attempt to influence and educate the social system that oppresses homosexuality, and places people at risk for psychiatric disorders.



#### 4. CONCLUSION

In this chapter the literature on the causation of homosexuality in women was reviewed, and its problems and inconclusive research results were noted. The literature on the personality adjustment of the female homosexual was also outlined, and it was noted that (a) homosexuality per se is not necessarily a diagnosable mental disorder, and (b) the homosexual woman does not necessarily manifest a disturbed personality.

However it was also seen in this chapter that significantly more homosexual women than heterosexual women manifest with affective disorders, suicide attempts, alcohol dependency and abuse, and non-prescriptive drug abuse which may be related to social conditions, gay lifestyles, unfulfilled dependency needs, needs for power and depression.

In terms of making sense of the above findings with regards to the concerns of the courts outlined in chapter three, it seems that the clinician can best determine parental fitness not on the basis of homosexuality per se but rather on the individual psychiatric state of the mother amongst other things. This type of conceptual approach shifts the focus from the moral conflictual and religious issues surrounding female homosexuality and places it back in the realm of scientific psychological and psychiatric individual assessment for individual mothers. This issue will be discussed at length in the final portion

of this thesis.

However, it would be quite useful now to present the demographic literature on gay women, including such issues as relationships, gay identity development, coming out and going public in order to understand the meaning of the homosexual experience for women.

## CHAPTER FIVE

### ON BEING GAY : NATURAL HISTORY AND DEMOGRAPHY, IDENTITY ATTAINMENT, AND RELATIONSHIPS

1. INTRODUCTION
2. NATURAL HISTORY AND DEMOGRAPHY OF HOMOSEXUAL WOMEN
3. HOMOSEXUAL IDENTITY ATTAINMENT
  - 3.1 Coming out : stages in homosexual self-identity formation
  - 3.2 Going public
  - 3.3 Conclusion
4. FEMALE HOMOSEXUAL RELATIONS
  - 4.1 Beginning of a gay relationship
  - 4.2 The role of friendship
  - 4.3 Satisfaction in gay relationships
  - 4.4 Assignment of roles
  - 4.5 Problems in gay female relationships
5. HOMOSEXUAL WOMEN IN HETEROSEXUAL MARRIAGES
6. CONCLUSION

## 1. INTRODUCTION

The assumption that gay women are necessarily maladapted was disputed by a review of the aetiological literature in the previous chapter, but it was noted that the incidence of depression and alcohol abuse may be higher in gay populations. Some reasons were presented for this, but the research results pointed to a need by clinicians and legal authorities working in this area to have a broader understanding of the meaning of being homosexual, firstly in order to get past the hampering polemics that surround the area, and secondly to be able to isolate those factors that are unique to the homosexual experience which may direct future psychological and legal research and intervention.

In this chapter, the natural history and demography of female homosexuality will be presented, female homosexual identity development will be reviewed, the literature on women in homosexual relationships will be discussed and a summary of homosexual women in heterosexual marriages will be presented. The purpose of this chapter is to give the reader a deeper understanding of the variables that touch the lives of homosexual women.

## 2. NATURAL HISTORY AND DEMOGRAPHY OF HOMOSEXUAL WOMEN

The major researchers in this particular field have been Gundlach

1969; 1977; Kaye, Berl, Clare et al 1967; Kenyon 1968; Kinsey, 1953; Saghir and Robins, 1969; and West 1977. Initially these researchers seemed to need to isolate variables in the histories of gay women either in order to gain evidence for the differentness of these women or to establish empirical evidence for popular assumptions concerning the lifestyle of homosexual women. However, as will be seen more similarities than differences between gay and heterosexual women seem to have emerged from these studies, whilst those differences that have been highlighted, have provided material for greater insight.

A summary of the more important research in this area is presented in Table 03. However caution must be exercised in interpreting these results due to major problems in research design and methodology as previously discussed.

TABLE 03: Summary of major research findings into the natural history and demography of homosexual women:

STUDY	VARIABLE	RESULTS
	Family and Social	
	Parent occupation and class	
Kinsey 1953		No differences between homosexual and heterosexual sample
	Rural or urban upbringing	
Kinsey 1953		Incidence of homosexuality higher in city girls after age 20, but higher in rural girls before age 20
	Family religion	
Kinsey 1953		7% of homosexual women religiously devoted
*Kenyon 1968		17% religiously non-active Homosexual women less religious
	Level of education	
Kinsey 1953		33% of female homosexual population university graduates; homosexual exploration higher in university graduates
	Age leaving school	
Kenyon 1968		No differences between homosexual and heterosexual sample
	Attended boarding school	
Kenyon 1968		No differences between homosexual and heterosexual sample
	Work record	
Kenyon 1968		Homosexual sample more unstable work record
	Personal and Sexual	
	Menstrual history	
*Kaye et al 1967		No differences between homosexual and heterosexual sample
Kinsey 1953		
	Masturbatory history	
Kaye et al 1967		No differences between homosexual and heterosexual sample
Kenyon 1968		Greater incidence of masturbation in homosexual sample
	Received sex instruction from mother	
Kaye et al 1967		Same number in homosexual and heterosexual sample received sex instruction from mother
Kenyon 1968		
	First heterosexual experience	
Kenyon 1968		Significant number of homosexual women frightened by first heterosexual experience
	Previous heterosexual experience	
Kenyon 1968		63% of homosexual sample had previous heterosexual experience, but experienced this as less pleasurable than the heterosexual sample
Gundlach 1977		77% of homosexual sample previously experienced heterosexual sex, but only 33% of these orgasmic
Saghir & Robins 1969		80% of homosexual sample had previous heterosexual sex, but majority non-orgasmic
West 1977		Homosexual sample repeatedly report negative sexual relations with men
	Heterosexual marriage	
Kinsey 1953		9% of total homosexual sample previously married, and no difference in age of marriage between heterosexual and homosexual sample
Gundlach 1969		More female homosexuals in sample previously married than male homosexuals, but most divorced after 2 years
Rand, Graham & Rawlings 1982		15-20% of homosexual sample previously or currently married with children

STUDY	VARIABLE	RESULTS
	Initial homo- sexual exper- ience	
Kaye et al 1967 De-Monte- flores & Schultz 1978		Initial experience with an older woman. Relationship primarily friendship, sex not part of first relationship
West 1977		Sexual experience satisfactory
	Older woman 'seduces' young homo- sexual	
Kaye et al 1967 Kenyon 1968		No evidence in homosexual sample to support this assumption
	Age in relation to first homo- sexual exper- ience	
Kinsey 1953 Califfia 1978-79 West 1977		25% of homosexual sample physically aroused by age 30 19% homosexually orgasmic by age 40 70% of homosexual sample experienced homosexual fantasies before age 15
Saghir & Robins 1969		80% of homosexual sample experienced an emo- tional attachment to another woman before age 14
	Number of part- ners and number of years invol- vement	
Kinsey 1953		51% of homosexual sample had only experienced 1 partner; 4% of homosexual sample experien- ced more than 10 partners Years of involvement ranged from sporadic con- tacts to 15 year relationships. 47% of homo- sexual sample had a relationship of more than 1 year and 28% a relationship of more than 3 years
	Frequency of sex	
Kinsey 1953		Frequency of sex compared well to heterosexual sample and ranged between 1 and 29 times per week
	Orgasm	
Kinsey 1953		Homosexual contact an effective means for female orgasm
Kaye et al 1967		Same degree of orgasm difficulties in hetero- sexual and homosexual sample
	Sexual tech- niques	
Kinsey 1957 West 1977 Califfia 1979		77% - 85% of homosexual sample engage in kis- sing, and oral manipulation of breast and genitalia
	Bisexual Experience	
Kinsey 1953		10 - 20% of unmarried homosexual sample engaged in incidental bisexual experiences
	Other	
	Prison female homosexuality	
West 1977		More common in women than men. Suggests 50% - 75% of woman prison population engage in homosexual contact, initially due to emotional needs rather than sex drive
	Self-perception	
Saghir & Robins 1969		Homosexual sample see themselves as untypical of their sex, in terms of level of aggression choice of clothes, gestures, occupation, and social activities and interests
	Regrets over homosexuality	
Kinsey 1953		71% of homosexual sample had no regrets about their homosexual orientation

(\* See Table 02 for an evaluation of research and methodological problems in these studies).

There seems to be no differences in parental occupation and class between homosexual and heterosexual samples although a rural versus an urban upbringing seems to influence the incidence of homosexual behaviour in women. (Kinsey 1953) Homosexual women are likely to be less religious, (Kinsey 1953; Kenyon 1968) more highly educated, (Kinsey 1953) and reveal a less stable work record (Kenyon 1968) than heterosexual women, but this could be due to loss of work through exposure of a homosexual orientation. There seem to be no differences between the age of leaving school or attendance at boarding school between the homosexual and heterosexual women in these studies, (Kenyon 1968) suggesting perhaps that homosexuality per se does not create difficulties that result in school failure, nor does a boarding school experience necessarily begin homosexual behaviour in women.

There appear to be no differences between the homosexual and heterosexual women in these studies with regard to menstrual history, or receipt of sexual instruction from mother, (Kinsey 1953; Kaye et al 1967; Kenyon 1968) but contradictory evidence seems to exist concerning the frequency of masturbatory activity in the homosexual sample.

Between 63% and 80% of the homosexual women in these studies had previously experienced heterosexual contact, although the majority of them seem to have found this experience unpleasant and were non-orgasmic. (Kenyon, 1968; Gundlach 1977; Saghir



and Robins 1969; West 1977.) According to these studies, between 9% and 20% of homosexual women have previously been married. (Kinsey 1953, Gundlach 1977; Rand Graham and Rawlings 1982) West (1977) suggests that negative sexual relations with men could be an important confirmatory factor for a female homosexual orientation.

Most homosexual women in these studies report their initial homosexual contact to have been platonic, (De-Monteflores and Schultz 1978) and with an older woman, although if sex occurred they reported this as enjoyable. (Kaye et al 1967; West 1977) No evidence was found to suggest they were seduced by an older women. (Kaye et al 1967; Kenyon 1968) Homosexual fantasies were experienced by 70% of the homosexual women studied before the age of 15; (West 1977) 80% experienced an emotional attachment to another woman before the age of 14; (Saghir and Robins 1969) 25% had been physically aroused by a woman by the age of 30, and 90% had been homosexually orgasmic by the age of 40. (Kinsey 1953; Califia 1978-79)

Of Kinsey's (1953) homosexual sample, 51% reported having had only one female lover, with only 40% having more than ten lovers. Furthermore 47% of his sample had been in a relationship for more than one year, and 28% for more than three years. These results seem to suggest that female homosexuals are not generally sexually promiscuous, as popularly believed nor are they incapable of establishing stable relationships. There were no differences

between the homosexual and heterosexual samples in these studies in terms of frequency of sexual intercourse and orgasm difficulties, (Kinsey 1953; Kaye et al 1963) and it was noted that between 77%-85% of the homosexual women in these studies engaged in oral sex. (Kinsey 1953; West 1977; Califia 1978-79) Between 10% and 20% of Kinsey's (1953) sample of unmarried homosexual women engaged in incidental bisexual experiences.

Saghir and Robins (1969) found that their homosexual sample saw themselves as untypical of their sex in terms of level of aggressiveness, choice of clothes, gestures, occupation, and social activities. Kinsey (1953) reports that 71% of his homosexual sample had no regrets about their sexual orientation, and Kinsey suggests that this factor raises the important question of the involvement of conscious choice as a major factor in the development of a homosexual orientation.

From an analysis of these studies it can be noted that the similarities between gay single women and heterosexual single women seem to outweigh the differences by far. In addition some of these results have served to negate popularly held misconceptions about female homosexuality, such as the seduction issue, whilst at the same time providing interesting new evidence in areas for example the generally higher level of education of gay women.

The next part of this chapter will deal with some unique

experiences of homosexual women like homosexual identity development and the coming out process.

### 3. HOMOSEXUAL IDENTITY ATTAINMENT

Up until this part of this thesis we have mostly noted just how polemic the literature has been with bias from homophobic and homophile quarters seriously influencing the efficacy of the literature results. However, writers who have striven to work in the area of female homosexual identity formation seem to have attempted to document the developmental processes involved and highlight areas of difficulty that may require psychological intervention, rather than become involved in the argument of morality or causality surrounding gay identity development. As will be seen, however, this is a relatively new field of research and the literature is sparse.

Dank, 1971 notes :

"There is almost no literature on 'becoming homosexual' ... (there is a) vast literature on homosexuality, but little is known concerning how the actor learns that he is homosexual, (Morin, 1977) ... how he decides he is homosexual". (1971:180)

Indeed, to the writer's knowledge, of the little literature that does exist concerning the development of a homosexual self-identity much of it is theoretical, (Lee 1977-78; Vetre, 1982; Cass, 1979) and concerns male homosexuality. Schafer (1976) attributes this lack of research into homosexual women to the facts that :

sex research has traditionally been conducted mostly by men;

women homosexuals are perhaps not taken as seriously as male homosexuals, and/or constitute less of a threat to a heterosexual environment;

female homosexuality may be a quiet phenomenon and perhaps less accessible to research;

gay women have traditionally been less organised and less up-front.

In addition, much of the literature that has reviewed homosexual self-identity has seen it from the perspective of the attainment of a **deviant** identity. (Bell and Weinberg, 1978; Dinitz, Dynes and Clarke, 1975; Matza, 1969; Schur, 1965, 1980), and has assessed deviant identity formation within a socio-political framework, reviewing such issues as stigma, power, and social control. It is beyond the scope of this thesis to present this literature which raises interesting socio-political questions but is not central to the argument, and the interested reader is referred directly to the texts quoted above.

The writer intends, therefore, to present the material that has documented the developmental processes and variables that eventually permit a person to say "I'm gay". The words coming out are generally used by homosexuals to refer to the identity change from heterosexual, bisexual or asexual to homosexual. (Dank, 1971) According to Hooker, (1957) coming out occurs

when a person identifies himself or herself in the presence of other homosexuals for example, in a gay bar, although other researchers have pointed out that identifying oneself as a homosexual may or may not extend to the general social context. (Cass, 1979; Dank, 1971)

### 3.1 Coming Out: Stages In Homosexual Self-Identity Formation

Troiden and Goode (1979-80) conducted structured interviews with 150 white male homosexuals, and concluded that for men, at least, a gay identity seems not to be embraced immediately. Rather, it seems to be acquired step by step over an extended period of time, involving a specific sequence that begins with the suspicion that he may be gay; progresses to the decision to label certain of his **feelings** as homosexual; followed by the decision to label **himself** as homosexual, and is concluded by the commencement of a first overt homosexual relationship.

However, in Weinberg's work, (1978-79), this developmental path seems less uniform, and different men were seen to choose different paths in the attainment of a homosexual self-identity. Weinberg (1978-79) conducted structured interviews with 30 male homosexuals and found three distinct developmental sequences :

from homosexual act to suspicion of being gay to self-labelling as homosexual;

from homosexual act to self-labelling as homosexual; and

from self-suspicion to self-labelling to homosexual act.  
(This developmental sequence was rare).

Furthermore, Weinberg (1978-79) found that engaging in same-sex sexual behaviour did not necessarily lead the men in his sample to suspect they may be gay or to label themselves as homosexuals. (Dank 1971) Thus it seems possible for a person to differentiate between **doing** gay acts, and **being** gay, and reinforces the dynamic temporal-spatial nature of self-identity which may change over time, and from situation to situation. (Dank 1971)

Cass (1979) presents a six stage model of homosexual self-identity formation, (applicable to both sexes), which rests on two assumptions : firstly that identity is acquired through a developmental process, and secondly that the Locus for stability in behaviour lies in the environment. Cass (1979) claims that the model is interactionistic in that it recognises both the psychological and social factors involved and that the person is active in the search for identity. According to Cass (1979) the model has several paths within each of the six stages which the individual might chose, and differs in time from person to person. (Dank 1971) Furthermore, the different stages are based on the individuals' unique perceptions, and individuals are able to reach identity foreclosure at each stage. Cass (1979) like (Dank, 1971) distinguishes between private and social aspects of identity, and his model rests on a theory of

interpersonal congruency, whereby change and stability are dependent on the congruity or incongruity that exists between and within an individual's personal environment and herself. Growth occurs due to the person's attempts to assign meaning to feelings, thoughts and behaviour and events, and to resolve inconsistencies, (Festinger, 1958), although according to Cass, (1979) resolution may only be partial:

"Given current Western attitudes towards homosexuality, it is probably impossible to achieve a homosexual (identity) that is totally cognitively and affectively congruent". (1979:222)

However, Cass, (1979) believes that identity incongruity can be reduced to a level that is tolerable and manageable, depending on the person's ability to negotiate the various stages of development.

**Stage One - Identity Confusion:** Before giving personal meaning to homosexuality, the person holds an image of herself as heterosexual, bisexual, or asexual, and this stage begins when she becomes consciously aware that homosexuality has relevance to her behaviour, thoughts and emotions. She begins to question whether she herself might be gay particularly if her behaviour, thoughts and emotions are labelled as such. Three pathways may now be chosen. Firstly, she can search for information on homosexuality, and the more she confirms her suspicions the greater her cognitive incongruity, which in turn catapults her into Stage Two. Secondly, she can attempt

to restore her previous congruity by inhibiting homosexual behaviour, restricting information on homosexuality, and denying personal relevance. Thirdly, she can attempt to redefine her situation so that she sees herself as basically heterosexual, and justifies her behaviour as an experiment, or an unique experience. These last two strategies enable identity foreclosure to take place but continuation depends upon the woman's ability to deny, to adopt heterosexual behaviour, and to withdraw from exposure. During stage one, homosexual suspicion is an intensely private matter and not usually disclosed to others, and the person is subject to extreme psychical conflict.

**Stage Two - Identity Comparison :** The woman begins to accept that she may be homosexual and different, and the task of stage two is to handle the ensuing feelings of social alienation and isolation. She can deal with this in four ways. Firstly, she can perceive her differentness as positive, but usually continues to present a public image of herself as heterosexual, which reduces but not eliminates the incongruity that ultimately carries her into stage three. Secondly, she may accept the homosexual meaning of her behaviour, thoughts and feelings, but finds a homosexual self image undesirable and may attempt to reduce its importance. Thirdly, she accepts she may be gay, but vows not to behave that way again, and attempts an asexual self image which may be successful, given sufficient homosexual inhibition. Fourthly, she experiences extreme self hate, devalues homosexuality, and wants to change her homosexual behaviour, thoughts and feelings. If her attempts at inhibition fail in the last three strategies, her psychical conflict might escalate, and Cass, (1979) suggests that the person in this phase of identity formation may be at a high risk for depression and suicide. This may have something to do with the high incidence of depression found in gay samples as discussed in chapter four.



**Stage Three - Identity Tolerance :** By the time she reaches stage three, the woman experiences a greater level of commitment to a gay identity, which frees her from inner turmoil and anxiety, accentuates the way she sees herself, and catapults her into seeking out a homosexual subculture. However, the woman whose identity forecloses at this stage tends to tolerate rather than accept her homosexuality, mixing mostly with homosexuals and others who see homosexuality as positive, and seems increasingly detached from the heterosexual world. By the end of Stage Three, however, she is able to verbalise "I am homosexual", even if only to other gays or sympathisers.

**Stage Four - Identity Acceptance :** At this point, however, she may begin to feel more comfortable with and accepting of her homosexuality rather than tolerant of it, and the issue of private versus public disclosure now becomes important. If she chooses not to disclose her identity publically, identity foreclosure takes place, but places her under the stress of living a double life, and of constant fear of exposure. (Lee, 1977-78)

**Stage Five - Identity Pride :** Anger and pride due to daily frustrations, secretcies and social oppressions however may mobilise her into a more militant style which may allow her to deliberately abandon previous strategies used to conceal her homosexuality. She may use stereotypes to devalue the heterosexual world and may go through a period of intense anger. A negative reaction is almost always expected about her gayness when she discloses. Eventually, though, this woman may begin to see that some heterosexuals are sympathetic, and she ceases to dichotomize the world into 'them' and 'us', and begins to make progress into stage six.

**Stage Six - Identity Synthesis :** The anger and extreme

militancy of stage five no longer applies, as the woman begins to accept similarities between homosexuality and heterosexuality, and her public and personal sexual identity are synthesised as she sees her homosexuality as only **one** aspect of herself.

Thus, for Cass (1979), male and female homosexual self-identity formation follow the same pathways. However other literature has tended to contradict this assumption. (Weinberg, 1978-79; Schafer, 1976)

Schafer, (1976) conducted the only study as yet to concentrate exclusively on female homosexual self-identity formation. Schafer (1976) interviewed 150 gay women between the ages of 18 and 40 and found three distinct phases in the coming out process. These are :

**From first interest in a woman to first signs that one is lesbian:** Schafer (1976) found that by the age of 14, most of the sample had recognised that they were interested in another, usually older woman, and pursued the relationship primarily for feelings of friendship, tenderness and closeness. Schafer, (1976) claims that it is only some three or four years later that the majority of the sample were able to think "I may be gay".

**From first suspicion of being gay to first sexual intercourse with a woman:** On average, approximately  $1\frac{1}{2}$  years after suspicion that she may be gay, a woman may experience her first same-sexed sexual experience. This is later than men and Schafer (1976) attributes this to possible parental

and other controls on sexual expression in women, and the internalization of sexual norms. This first sexual experience, however, seems to further entrench her suspicion of being homosexual.

**From first sexual intercourse to certainty of being a lesbian:** According to Schafer (1976) certainty of being gay is only confirmed approximately one year after homosexual experience. This phase brings with it greater conflict than the other two due to the admission to herself that she may be gay and the burdening effect of that realisation. During this phase the sample all report that they felt alone, alienated, and isolated. These feelings partially disappear and identity may only be completed or near completion when the woman escapes socio-sexual deprivation by attaching herself to a gay subculture, although homosexual self identity may take place without the influence of an organised gay community.

The models presented above (Cass, 1979; Schafer, 1976; and Traiden and Goode, 1979-80) do not appear to be mutually exclusive, seem to overlap, and all seem to point to a couple of important issues:

that homosexual identity formation takes place according to a developmental sequence over time; and that critical periods may occur during the sequence at which time the person is subject to increased psychical conflict and possibly in need of support designed not to halt the process but to allow the person to enter the next phase of development.

It seems also that other variables are important in influencing

the coming out process. Dank (1971) suggests that not having a period of anticipatory socialisation like heterosexual children could be one reason for some of the difficulties homosexuals experience in acquiring a gay self-identity. Most other minority groups are in a position to be socialised by parents thereby facilitating self-acceptance of a socially atypical identity. Furthermore, discrepancies between socially delineated behaviour, and internalised heterosexual moral concepts and homosexual needs, may put tremendous strain and conflict on the person attempting to come out. (Schafer 1976)

Despite these difficulties, however, commitment to homosexuality has been found to be positively related to stability of self concept and self esteem, and negatively related to maladjustment (Hammersmith and Weinberg 1973), and having made the commitment to settle into a homosexual identity leads to better psychological adjustment as indicated by a more stable, positive self image, with less symptoms of anxiety and depression. Furthermore, sustained contact with other gay people is seen to maintain the commitment and further enhance mental health. (Weinberg, 1978-79). These factors are extremely important for the mental health practitioner and raises interesting questions regarding the role of the psychologist and the ethics of treating homosexuality, which will be addressed in the last section of this thesis.

However, before concluding the discussion on coming out, it is important to note what factors are involved in the decision to go public - that is to declare one's homosexuality to the general public.

### 3.2 Going Public

Although a minority of gay people chose not to come out, the majority do (Dank, 1971) and most report feelings of relief and freedom from tension signifying the end of the search for identity. However, no sooner has this been attained when the person is confronted with new difficulties relating to having to make decisions about going public.

Despite major changes in public attitude over the past few decades as discussed in chapters one and two of this thesis, the majority of the general public still seem to consider homosexuality to be very wrong, (Bell and Weinberg, 1978) and this variable makes the issue of going public a complicated and conflictual one. In a study by Schafer, (1976) one in every seven of the sample of gay women who had gone public experienced employment difficulties ranging from lack of promotion to dismissal or transfer. Other difficulties reported related to accommodation evictions, and lack of social agency support.

Although Troiden and Goode (1979-80) found that increased societal

tolerance towards homosexuals and greater public awareness encouraged the men in his sample to come out and go public at a younger age with a greater sense of well being and less psychological conflict, this does not seem to be the reality for most homosexuals facing the issue of going public.

In fact, in the face of public prejudice Lee, (1977-78) questions why homosexuals should want to go public in the first place, and he suggests that this may be due to the pressures inherent in the act of **passing** (not going public). Lee (1977-78) suggests that these pressures include the constant fear of disclosure, the strain of leading a double life, the hypocrisy and pretence, the inability to be oneself, and the denial of a healthy self image based on significant and positive feedback and acceptance from others. (Maslow, 1943)

Thus, the homosexual person seems to be in a no-win situation. Going public brings with it risks of negative feedback, and accompanying stress whilst passing means ongoing tension. Lee (1977-78) suggests that an alternative may be partial disclosure designed to suit each individual. For instance, one monolytic public is not seen to exist, and a gay person may chose to go public in the neighbourhood but not at work. Nevertheless,

according to Lee (1977-78) living in the public eye as an overt homosexual demands a strong character and most eminent gay persons have done so only out of self integrity or in an attempt to make a political statement for gay organisations. Lee, (1979-80) does not recommend going public in general.

### 3.3 Conclusion

So far in this chapter the author has reviewed the research on the natural history and demography of homosexual women, and has outlined the variables involved in the development of a gay identity, together with accompanying problems and pressures of going public.

The next path of this chapter will deal with female homosexual relationships and the relationships of gay women who have previously involved themselves with heterosexual men.

#### 4. FEMALE HOMOSEXUAL RELATIONSHIPS

In terms of this thesis it seems particularly important to review the literature on the nature of homosexual relationships particularly as it is likely that most children of gay mothers will at some stage be subjected to the effects of living in a home where two women are relating homosexually.

Once again the research in this area has concentrated on males, and initially set out to assess gay female relationships in order to identify ways in which they were different and possibly pathological. However, as will be seen gay relationships between women, whilst involving many issues that are unique to the situation may not be as different as is popularly believed.

##### 4.1 Beginning a Gay Relationship

At the APA convention in 1977 (Morin, 1977), Sang stated that gay women have much in common with one another like life experience, social status, socialization and sexuality which might attract them to each other. This viewpoint is shared by Kinsey (1953) who suggests that gay relationships may be more emotionally fulfilling as partners share such common experiences.

Vetere, (1982) reports that the love and like scores of gay women in relationships are highly correlated, indicating that



the boundary between friendship and love may not be all that clear for homosexual women. In addition, gay women seem to express greater satisfaction in their relationship in terms of emotional needs when compared to heterosexual women (Vetere 1982) and Saghir and Robins, (1969) report that when compared to homosexual men, homosexual women generally emphasize the emotional attachment more than sexual attraction in their relationships.

According to Schafer (1976), a woman's first interest in another woman is initially based on feelings of affection, desires for friendship and a need for tenderness:

"... the affectional needs are predominant" (1976:51) and "... most lesbian women have their first same-sexual experience with a peer in the context of a friend". (Riddle and Sang, 1978:95)

De-Monteflores and Schultz (1978) conducted structured interviews with young, middle class, predominantly white educated female homosexuals, and found that 78% of their sample reported that their first same-sexed relationship grew out of friendship, and fulfilled needs for affection, involvement and communication.

However, first homosexual relationships seem to be fraught with problems arising out of confusion, guilt, fear and frustration concerning their homosexual identity. (De-Monteflores and

Schultz, 1978) As we have noted previously (Kinsey 1953; Saghir and Robins 1969) first homosexual relationships begin prior to the age of 20, and it seems likely that the girl at this stage has not yet reached a crystalised gay identity which would account for these problems. In fact, De-Monteflores and Schultz (1978) state that 45% of their sample adopted a gay self-identity during the year following the first significant same-sexed relationship. Furthermore:

"... among lesbians, a first homosexual experience is often seen as special, that is, the event is romanticized, and explained in terms of intense love and meaningfulness ..." (1978'68)

Thus from the above it seems that gay female relationships are satisfying, and grow initially at least out of mutual friendship and understanding. First same-sexed relationships may be problematic due to guilts that relate to an unresolved gay identity.

#### 4.2 The Role of Friendship

Thus, most women in a gay relationship claim that their lover is also their best friend, and a majority reported that friendship has a positive impact on the relationship in that it:

provides a certain mutuality for each partner;  
forms the basis or foundation of the relationship rather

than sex; and  
helps them through the bad times.

However, a minority of women report that friendship has a negative effect on the relationship, in that:

there is conflict between the roles of friend and lover;  
it inhibits the opportunities for greater personal freedom and autonomy;  
it overrides the love relationship and sexual interest takes second place.

It seems from the above that friendship can have a positive and a negative effect on a relationship. However, the above may be true of all love relationships. (West, 1977)

#### 4.3 Satisfaction in Gay Relationships

Some authors like Peplau, Padesky and Hamilton (1982) have been interested in researching the levels of satisfaction of partners in a homosexual relationship. According to Peplau, Padesky and Hamilton (1982), love is generally considered to be the most important thing in one's overall happiness in a relationship. The literature about love has focussed mostly on heterosexual couples. However, of the little research that has been done into homosexual relationships (Marecek, Finn and Cardell, 1982), results show that there seem to be no significant differences between the happiness of heterosexual and homosexual couples.

For example in Schafer's (1976) study, 56% of homosexual and heterosexual people were satisfied in their relationships, whilst 30% in both groups were not.

Peplau, Padesky and Hamilton (1982) hypothesized that three variables would be involved in influencing the perception of satisfaction in any relationship, namely:

mutual involvement;  
balance of power; and  
similarity between partners.

The authors interviewed 127 female homosexuals and found that:

57-62% of those women who claimed that mutual involvement and commitment was important to them, also scored highly on tests of relationship satisfaction;

61% of those women who stressed the necessity for a sharing of power in their relationships also revealed high satisfaction scores, however,

degree of similarity in terms of interests and vocations was not found to be highly correlated with scores of satisfaction.

This result is contradictory to previous research (Kinsey, 1953; Morin, 1977) where the hypothesis has been that gay women are attracted to each other primarily on the basis of their sameness and raises the issue of similarity between homosexual and

heterosexual relationships.

#### 4.4 Assignment of Roles

Bell and Weinberg (1978) state that stereotyping during the normal socialization process concerning masculine and feminine roles ensures that heterosexual relationships are workable. In this way, power is usually accorded to the male, and heterosexual couples frequently commence relationships with a clear understanding of role division and sharing of power. However, in gay female relationships, the process by which roles are allocated seems somewhat more complicated.

Jones and De Cecco (1982) assumed that homosexual women, possibly due to their more enlightened feminist attitudes, would generally tend to be more androgynous than heterosexual women, and so the authors questioned how the relationship would work in terms of role division. For example, would masculine partners engage with more feminine partners? These authors found, firstly, that the butch/femme assumption about women homosexual relationships only rarely occurred and no masculine-feminine matching was found. Secondly, 87% of their whole sample including the heterosexual controls were highly androgenous, and Jones and De Cecco (1982) found no significant differences between the groups who were all highly educated on attributes such as masculinity or femininity.

Marecek, Finn and Cardell, (1983), also questioned the basis of role allocation in homosexual relationships. These authors suggest that gay women may be less stereotypical in their gender role-playing, but that this cannot be due to less or different socialization patterns. All women internalize cultural models of relationships through mythology, mass media, fairytales, parental relationships and form similar identifications. Therefore the role-division in gay relationships is seen to be allocated more consciously and less determined by gender. Roles may for example be allocated according to pragmatic factors, such as income and skills or may be allocated on the basis of power; that is the partner who is perceived as more forceful in terms of, for example, age, income, or education might claim the more dominant role. Partners may allocate roles depending on how masculine or feminine each one feels at any given point in time and in any given situation, which seems most often to be the case as dichotomization of roles in gay female relationships are rarely found. Tuller (1977-78) reiterates that gay relationships are generally egalitarian relationships with partners shifting from points of masculinity to points of femininity depending on a number of variables. The position he claims is not unlike that found in heterosexual relationships, where, although role division may be more easily demarcated based on gender, the dominant-wife-henpecked-husband example is as rare as the butch/femme example in gay relationships. Tuller (1977-78) suggests that there might not be all that amount of difference between homosexual and heterosexual relationships

in terms of role allocation and balance of power.

#### 4.5 Problems in Homosexual Relationships

Tuller (1977-78) studied 15 gay couples five of whom were female homosexual couples, and all of whom had been coupled for at least one year. Most of these women claimed that they were happy in their relationship; 30% saying that they had gone through so much in order to have the relationship (pressure from families and outside society) that they were extremely intent on keeping the relationship going. In a sense this in itself could be a problem as gay women might not want to let go of a relationship when it may be appropriate.

All the couples in Tuller's, (1977-78) sample claimed that a homosexual relationship was more difficult and complicated when compared to a heterosexual relationship, and had distinct disadvantages, namely:

- the lack of social acceptance towards homosexuality and accompanying social pressure which strained the partners and thus the relationship;

- the inability to be affectionate with each other in public due to harassment, unless in a gay bar which many couples chose not to frequent;

- leading a double life for fear of jeopardising a career or housing for example;

a lack of religious recognition;

and pragmatic disadvantages such as: being unable to file joint tax forms and participate in tax benefits awarded to heterosexual couples; being unable to open joint charge accounts; having difficulties gaining home insurance, or nominating each other as dependants, or next-of-kin, for example, on pension schemes.

Furthermore, Tuller (1977-78) suggests that homosexual relationships are disadvantaged from the outset as the couple have not been offered a model for homosexual marriages during their socialization period. The social process does not teach a couple how to have a "good" gay relationship like heterosexual couples are taught. This, he suggests, created conflict amongst his sample over such issues as monogomy and children although when respondents listed the reasons for the break up of their previous homosexual relationships, they were not too dissimilar to the reasons given for the termination of heterosexual relationships, namely:

the return of the other woman to her previous male lover; insufficient common interests; one partner attempted to force the other partner into a defined role; problems about being gay; being too young; drinking problems; and partners finding younger or new lovers.

As can be seen from the above, homosexual relationships seem in some ways not to be too dissimilar to heterosexual relationships, although there remain certain issues that are unique to homosexual relationships, and may be problematic. These include possible disillusionment with the relationship particularly after having striven so hard to attain an overt homosexual relationship, and difficulties with attaining a balance



of togetherness and separateness with accompanying issues of overenmeshment as most frequently seem to present in conjoint therapy with gay women. (Gonsiorek, 1982)

## 5. HOMOSEXUAL WOMEN IN HETEROSEXUAL MARRIAGES

As the main focus of this thesis is to examine the homosexual mother and the effects of her homosexuality on her children it is imperative to acknowledge the fact that she is likely to have been previously married and thus involved in a heterosexual relationship. In fact, research results seem to indicate that between 9 and 20% of all homosexual women are currently or have previously been married, and will continue to do so. (Kinsey, 1953; Nugent, 1983; Rand, Graham and Rawlings, 1982)

Some of the questions that might interest parties working in this field might be, why for example, do homosexual women enter into the seemingly conflictual situation of a heterosexual marriage in the first place? Why do their heterosexual partners accept them? What types of conflict is likely to emerge, if at all? Can such relationships work? These are some of the questions that the literature has attempted to answer, and results will have important consequences for example for these parties interested in preventative work in this area or conflict resolution. Indeed, as will be seen from this review, the role of the psychologist as a medium for effecting social changes that enhances mental health and illuminates unnecessary pain and suffering is placed under examination.

It seems that there are many reasons why women who are gay get married in the first place. Some of these could be that:

she may not acknowledge her homosexual status until after the marriage, (Ross, 1972) particularly when unlike homosexual men, homosexual women seem to come to an awareness of their sexual preference later in life. (Nugent 1983) Indeed for men this is true, as Dank (1971) found in a study of 60 male homosexuals of whom 80% had not adopted a homosexual self identity at the time of marriage. Furthermore,

"... once the individual decides he is homosexual, the probability that the heterosexual marriage will continue, significantly decreases". (Dank 1971:19)

she may be subject to tremendous social pressure (Dank, 1971) to find her identity, security and social role in a marriage, which might be difficult to resist. (Nugent, 1983)

she may see marriage as a solution to her problem (Nugent, 1983) and make a conscious flight from homosexuality, rationalizing that her attraction to the same sex is situational and will disappear with a regular heterosexual relationship. (Ross 1972)

she may also have a genuine love and affection for her heterosexual spouse (Nugent 1983), and although the relationship may be less pleasurable it is nevertheless possible, allowing the fulfilment of other needs such as family life, the raising of children, social respectability, and a strong desire for permanency and stability of married life.

she may be motivated by other reasons such as family expectations and pressures; the desire to escape an intolerable family home; previous disillusionment with failed homosexual relationships; and work advancements. (Nugent 1983; Ross 1972)

Ross (1972) and Nugent (1983) suggest several reasons as to why heterosexual partners accept a homosexual spouse in the first place:

The most common and obvious reason is total ignorance on the part of the heterosexual partner into their spouse's homosexuality.

Others, who might know of the homosexuality, act on the belief that marriage will change their partner, who will settle down and become respectable.

Still others, act on the premise that sex is not important anyway, and Ross (1972) found that the heterosexual wives of the homosexual men in this study were attracted to these men primarily because they were sexually reticent. These women tended to come from puritanical families where sexual matters were suppressed.

However, marriage may serve other functions for the homosexual partner. Nugent, (1983) found, by comparing married homosexual men to single homosexual men, that the married men were more covert about their homosexuality, more afraid about their homosexuality being revealed, and least integrated into the gay world indicating the lessor attainment of a healthy homosexual self-identity. Dank (1971) suggests that this may be why some of these marriages last as long as they do. However, after several years of married life and the birth of children, these homosexual men and women tend to find themselves struggling with desires and fantasies they attempted to previously repress, (Ross 1972)

and it is usually this type of person, often the pillar of the community, who finds him or herself engaging in brief sexual contacts, accompanied by fears of discovery, police arrest and blackmail.

Needless to say, tremendous conflict begins to develop in the marriage, (Ross 1972) and takes certain forms:

Firstly, problems in sexual relations are likely to increase as the marriage ages. Declining sexual contact results in tremendous sexual frustration and anger in the heterosexual spouse, and marital conflict escalates accordingly.

Secondly, where the heterosexual partner has learnt of his or her spouse's homosexuality after the marriage, he or she reports feelings of intense resentment and defraudment, and other marital problems are all too often blamed on the issue of homosexuality.

Thirdly, conflict also arises out of the homosexual partner's need to form affectionate and sexual liaisons outside of the marriage, with inevitable issues of jealousy, rejection and resentment increasing marital strain. Paradoxically enough, though, Ross (1972) found that in his sample, those men who did have extra-marital homosexual liaisons were more likely to keep their family life functioning, and often suggested to their spouse that they do the same. These spouses, however, were seldom interested and felt intensely angered by their husband's behaviour.

Undoubtedly the situation causes the wife, husband and children acute strain and tension, and research has shown that these couples

attempt different modes of adjustment for their problem: (Dank, 1971; Latham and White, 1978; Nugent, 1983; Ross 1972)

**Modification:** where the homosexual partner attempts, usually unsuccessfully, to convert to heterosexuality. (see the last section of this thesis.)

**Platonic Relationships:** where husband and wife attempt to abandon almost all sexual activity, and maintain their involvement in the non-sexual aspects of the relationship, for example, children and work. However, this arrangement rarely works or is usually effective for a relatively short time only, as mutual dissatisfaction begins to take its toll. Biological and psychological frustration usually results in anger and open conflict.

**Open Relationships:** where both partners agree to seek outside genital relations and undertake to remain emotionally uninvolved. However, this arrangement threatens the primary commitment of the marital relationship and seldom works.

**Double Standards:** where the homosexual partner has an overt long-term emotional liaison outside the marriage which the heterosexual partner is aware of. This arrangement might work for a while but soon seems to be resented by the heterosexual partner, who may initially have permitted it only as a means of retaining the spouse. The onus of conflict in this arrangement is shifted to the heterosexual partner, whilst the homosexual partner has the best of both worlds, but suffers the strain of divided loyalties.

**Innovative Marriage:** where husband and wife are able to maintain their heterosexual relations, whilst at the same time allowing the homosexual partner to have extra-marital flings. In Ross' (1972) study, only one out of the 11 couples

studied were able to resolve their conflict over homosexuality in this manner. This couple claimed total love and acceptance of each other, and the wife at times had sexual relations together with her husband and his lover. Ross (1972) states that an arrangement like this is quite unique, and seemed to rely on the sexual versatility of the husband and the broad-mindedness of the wife.

**Separation/Divorce:** unfortunately, seems to be the inevitable result for most homosexual people in heterosexual marriages, although in Ross' (1972) sample couples were reluctant to exercise this option due to the fear of possibly harming the children; leaving the common home; losing companionship on a platonic level; being independent, and losing social respectability.

As can be seen, the viable options that face couples in these situations are divorce or modification of homosexual behaviour, both of which are unfavourable. In a study by Latham and White (1978), however, the authors researched 5 couples, where all the men were homosexually motivated, had been married for an average of 12,6 years and chose to continue doing so. Latham and White (1978) offered a three-phase developmental model couples like this whereby eventual acceptance and adjustment to the marital conflict was attained, and this model might be useful to the clinician working with couples who choose to stay married. However this research relates to male homosexuals and this model may not be applicable to gay married women.

The first phase of **withdrawal and avoidance** occurs within the first 5 years of marriage during which the homosexual

man was seen to repress his homosexuality and avoid homosexual contacts. Upon discovery of his homosexuality, the wife reacted with shock, denial and disbelief and subsequently used his homosexuality as an excuse for other problems in the relationship. However, gradually the wife began to act on the belief that the marriage would change her husband's sexual orientation.

The second phase is seen to be a **transition period of disclosure and acceptance** where both parties viewed the situation openly and established coping patterns to maintain and continue the relationship, although divorce was usually discussed at this point. Gradually, over a period, communication concerning homosexuality became open and direct, and the homosexual partner felt less guilty about his orientation, and marital stress lessened accordingly.

The third phase is a phase of **adjustment**, where distinctive cogniture and behavioural changes occurred in the marriage and mutually agreed upon guidelines for outside homosexual activities were established. The wife's attitude became one of "I can't change him ... and I no longer want to."

However, Latham and White (1978) suggest that the attainment of positive adjustment for couples like these might depend on a number of factors, including:

- the couple's initial reason for marriage, ie., genuine love versus an escape from homosexuality;

- the ability of a couple for open communication;

- the ability of a couple to negotiate and establish ground rules;

the ability of the heterosexual partner to allow the homosexual spouse extra-marital relations and vice-versa;

the ability of the couple to maintain (even infrequent) sexual relations in the marriage.

The authors suggest that clinicians might use the above guidelines to assess the ability of those couples who want help in adjusting to homosexuality without breaking up the marriage. However to what extent this model can be generalised to female homosexuality, or to what extent it can be successful remains uncertain.

Clearly, however, the problem of homosexual women in heterosexual marriages and the inevitable resulting divorce needs also to be addressed at the level of prevention. Some suggestions might be to:

increase marriage preparation programmes undertaken by trained and sensitive clergymen to incorporate the issue of homosexuality; (Nugent 1983)

increase sex education at school level devoting time to homosexuality and the impact it can have on marriage and family life; (Nugent 1983)

allow single parent and same-sexed couples adoption (Ross 1972) although the literature in this area is fraught with ethical and moral difficulties;

decrease negative social sanctions towards homosexuality through public awareness programmes, thereby decreasing



the age of homosexual identity formation increasing prospects for mental health and subsequently minimizing homosexual marriages, which inevitably end in divorce. (Ross 1972)

## 6. CONCLUSION

The last thirty years especially have seen a proliferation of literature into the lifestyle and sexuality of gay women as well as more recent attempts to isolate the difficulties that may be unique to homosexual women in order to facilitate models of treatment that are geared towards alleviating stress rather than changing sexual orientation.

In this chapter we have seen that there do not seem to be as many differences as there are similarities between the demographics of gay women and single heterosexual women or between gay female relationships and heterosexual relationships. However, it was noted that there are some areas of homosexuality that may present strain and tension for the homosexual person that may not be experienced by heterosexuals, for example homosexual identity development. Marriages involving homosexual women and heterosexual men were also seen to be subject to conflict of a nature that may not usually be experienced in heterosexual marriages, and in both these areas some recommendations for prevention and treatment were briefly mentioned and will be addressed in more detail in the last section of this work.

The following section will focus on the central issue of interest

of this thesis, namely the mothering capabilities of homosexual women and the experiences of the child who is reared by a gay mother.

## CHAPTER SIX

### LESBIANS AS MOTHERS: CHILDREN RAISED BY GAY WOMEN: CONCERNS OF THE COURT EXAMINED

1. INTRODUCTION
2. FAMILIES: IDEOLOGY AND ALTERNATIVES: THE LESBIAN HOUSEHOLD AS A FAMILY
3. DEMOGRAPHY OF GAY HOUSEHOLDS
4. HOMOSEXUAL WOMEN AND THEIR CHILDREN: MOTHERING CAPABILITIES
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  - 5.1 Theoretical orientation: modelling and psychosexual development
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6. CONTRIBUTING VARIABLES THAT INFLUENCE CHILDREN REARED BY HOMOSEXUAL WOMEN: EFFECTS OF DIVORCE
  - 6.1 Reaction to divorce
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6.3 After divorce : child's changed life experiences: single parent families and working mothers

6.4 The effects of absent fathers

6.5 Effects of stepparenting: the role of mother's lover

6.6 Conclusion

7. THE EFFECTS OF STIGMATIZATION ON THE CHILDREN OF HOMOSEXUAL MOTHERS

8. CHILDREN'S REACTIONS TO MOTHER'S HOMOSEXUALITY

9. INCIDENCE OF PSYCHIATRIC DISORDER OF CHILDREN REARED IN GAY HOUSEHOLDS

10. COPING AND STRESS IN CHILD DEVELOPMENT

11. CONCLUSION

## 1. INTRODUCTION

Traditionally in child custody disputes a maternal preference prevails in deciding custody decisions, and the court is guided by the best interests of the child and parental fitness. However, as was noted in chapter three the decisions of the court when lesbian women are applying for custody seems to be influenced by commonly held assumptions concerning mother's unfitness to parent and the detrimental effects of her homosexuality per se on the developing child. In chapter four and five we have seen from the literature reviewed that gay mothers are not necessarily maladjusted and in fact that they seem to be similar to single heterosexual mothers in many ways. Thus the application of the parental fitness dictum for gay women may be no different to that which needs to be applied in most custody dispute decisions as will be discussed later in the last section of this work.

In this chapter the best interests of the child being raised in a homosexual household will guide the organisation of literature to be reviewed, and more specifically the concerns of the court detailed in chapter three will now be addressed.

## 2. FAMILIES : IDEOLOGIES AND ALTERNATIVES : THE LESBIAN HOUSEHOLD AS A FAMILY

The study of the history of the family as we know it today, has been one of the major growth areas in the development of social history. However, the literature is fraught with disagreements on the development of the family, possibly due to a number of reasons.

Firstly, most research has been based on small simple villages, not truly representative of larger communities with researchers attaching significance to specific events that cannot necessarily be generalised. Secondly, different scholars write different kinds of history, adopting different approaches to the selection of the problem for research; the utilisation of research, and the interpretation of evidence, resulting in a mass of data which often evades scientific comparison. Thirdly, the research reveals no single homogenous family system through the ages, but rather reflects a diversity of family form, family functioning, family attitudes and family relationships. (Anderson, 1980)

There are three major approaches that characterises research on the family:

**demographic studies;** where marriage rates, patterns of child-rearing, family size and membership amongst other things have been areas of study;

sentimental studies; which have focused on the family not as a reality, but as an idea, researching the issues of meaning, ideology, and socio-political relevancy of the family; and studies of

household economics; where division of labour has been the focus of interest.

All these studies have reinforced the fact that the family itself is historically associated with a wide variety of forms, (Herzog and Suida, 1973), and that each society sees its own family form as natural, adequate and right as in the reification of the traditional western nuclear family consisting of working father, housewife mother and children.

However, during recent years there have been many changes to the traditional form of the nuclear family. (Macklin, 1980) There is a growing tendency for women with dependent children to work; more young people are choosing to live together rather than marry; more single women are choosing to keep their illegitimate children; and the divorce rate has risen several fold. These factors have resulted in fewer children growing up in what was at one time a traditional household. More young children are experiencing the effects of working mothers, absent fathers, single parent households, divorce and reconstituted families.

These changes in family form have brought with them tremendous concern from those parties interested in social change and child

development. Based on the model of the traditional nuclear family as the **natural** form of family, (Cogswell and Sussman, 1972) researchers have over the past few decades assumed that alternative family arrangements will necessarily have a deleterious effect on the developing child. (Golombok, Spencer and Rutter, 1983) Furthermore in our society,

"... the (non-traditional) family has been viewed as a form of unfamily or non-family or sick family". (Herzog and Suida, 1973:200)

Although Golombok, Spencer and Rutter (1983), warn against these assumptions, they assert that it is indeed the role of the child psychologist to assess the good, bad or indifferent effects on children being brought up in non-traditional households. (Eiduson and Alexander, 1978)

In this thesis the specific non-traditional family under investigation is the lesbian household, and in this chapter the effects on a child being raised in a lesbian household will guide the questioning, and the literature will be reviewed accordingly. Questions specifically examined will be:

what are the demographics of a lesbian household, and how do they differ from other single parent households?

what are the mothering capabilities of gay women, and what kind of relationships do they have with their children?



what is the effect of a gay mother on the psychosexual development of her children?

is the social stigmatisation of living in a gay family deleterious to the child?

what is the effect on children of mother's live-in lover, and are same sexed children vulnerable to seduction and sexual harassment?

to what extent need the following contributing factors be considered? the effects of divorce, effects of absent fathers, effects of single parent households and the experience of a working mother.

### 3. DEMOGRAPHY OF GAY HOUSEHOLDS

A lesbian family may also primarily be considered a single parent family and therefore may be subject to the same variables that affect one parent families. (Kirkpatrick, Smith and Roy 1981)

Rutter and Madge, (1976) document the fact that one parent families suffer economically; have a greater likelihood of minimal resources, and are subject to an income that is lower than the national average. The 1971 Finer report (Rutter and Madge, 1976) found that of all families in the UK, fatherless families (especially if mother was single, under 25 years and not working) were subject to the most economic deprivation.

Bane (1976) in a study of single households in the UK found that the main economic problems of these families seemed to

stem from a lack of public assistance, low or irregular alimony payments; and fewer opportunities for women to work and earn salaries comparable to men. The author suggests that improvements could be made by increased wages and work opportunities for women; free public day care for young children; greater assistance from the non-custodial parent; tax concessions; and government allowances to children of single parents, as found in Sweden. Unfortunately however, these recommendations remain unimplemented in most of the western world, and certainly in South Africa.

Thus, if lesbian families are also single parent families and subject to similar problems, what variables are there that can be isolated and contributed to lesbian households per se? In 1980, Pagelow compared 23 heterosexual single women (with a total of 51 children), and 20 homosexual women (with a total of 43 children) in an endeavour to highlight differences, if any, in the demographic variables of single gay families and single heterosexual families. The homosexual women were found to suffer greater custodial difficulties (see chapter three). Both heterosexual and homosexual women had problems with housing, finding it difficult to secure good housing at affordable prices. However, 40% of the gay sample owned their own home compared to 17% of the heterosexual sample. Pagelow (1980) suggests that the lesbian women were perhaps more financially secure, possibly due to their higher level of education and subsequent earning potential. (Kinsey, 1953) However, this could also

be due to the fact that single heterosexual women hope to remarry and therefore do not necessarily commit themselves to property. However, 20% of the homosexual families compared to 0% of the heterosexual families had experienced evictions due to moral complaints with the inevitable accompanying disruption of the family unit and the children.

In general then it seems that although gay women may earn more than single heterosexual parents, they are subject to other difficulties like eviction on the basis of their homosexual activity. Furthermore, the effects of unemployment and crowded living conditions, on the child which seem to be common to all single parent families, together with associated parental alcohol abuse and depression, cannot be ignored as factors deleteriously influencing children raised in all poverty stricken single parent households, regardless of parental sexual orientation. (Rutter and Madge, 1976; Rutter and Hersov, 1977)

#### 4. HOMOSEXUAL WOMEN AND THEIR CHILDREN : MOTHERING CAPABILITIES

The assumption that children reared by a lesbian mother may have an increased risk of emotional and/or behavioural psychiatric problems has very unspecific origins, but may be rooted in the assumptions that gay women are mentally ill or personality disordered, (see chapter four) and are therefore unfit as parents of minor children.

From the above discussion it is noted that homosexual mothers are usually also single parents and are possibly subject to similar problems as outlined above. It now seems appropriate to examine the mothering capabilities of gay women, as parental fitness is one of the major criteria used in the assessment of parents involved in child custody disputes.

It is known that family and marital discord, (experienced by most children reared by lesbian mothers, because in most cases there has been a previous broken marriage) and rearing in a single parent household (as will be the case if the lesbian mother does not conhabit with a lesbian partner) carry an increased risk of psychosocial disorder for children. (Rutter and Hersov, 1977) However, these risks are seen to be factors that are separate from lesbianism, (Golombok, Spencer and Rutter, 1983) and it seems important to attempt to isolate those factors (if any) that can be attributed specifically to the mothering capabilities of homosexual women.

In this section, the actual parenting capabilities of gay women and the effects on children will be reviewed as presented in the literature. However, the literature on effective parenting and child development seems replete with methodological problems (Walters and Stinnett, 1971) illustrative of the fact that there are different types of parent-child relationships, which exist as a function of many contributory factors, and which therefore cannot be studied as a single entity with a homogeneity of

variables. However, throughout the literature describing the complexity of parental behaviour, two recurring themes appear: firstly, that a positive correlation exists between the mother and the child's self concept (Mucklow and Phelan, 1979; Walters and Stinnett 1971) and secondly, that child rearing is a product of maternal attitudes, values and personal characteristics. (Sears, Maccoby and Levin 1957; Walters and Stinnett, 1971)

Parental acceptance, warmth and support are seen to be positively correlated to favourable emotional, social and intellectual development in children whereas extreme restrictiveness authoritarianism and punitiveness; combined with no or little acceptance, warmth and love are seen to be negatively related to the self concept and emotional and social adjustment of the child. (Walters and Stinnett, 1971)

To the writer's knowledge, there is no published study that has attempted to examine the effects of a gay woman's self concept which must surely be associated with her degree of acceptance of her sexual identity, (as highlighted in chapter five), and its impact on her mothering capabilities. However, it seems feasible to suggest that the greater a woman's resolution of a gay sexual identity, the higher her self concept and the better her mothering skills, and this possibility raises important questions concerning the role of the psychologist dealing with families where one member is attempting to come out.

In reviewing the literature on the mothering capabilities of gay women, Hart and Richardson, (1979) warn against the assumption

that one can talk sensibly of a lesbian home environment in the first place. The authors point to the enormous diversity that exists amongst gay women (as with all women), (Bell and Weinberg, 1978), and that one cannot make the assumption that one is dealing with a homogenous group. Furthermore, Hart and Richardson (1979) claim that the polarisation between lesbian mothers and heterosexual mothers as frequently used for research purposes is questionable. (Goodman, 1973) Firstly, similarities between these women may exceed differences, (Green 1978) and secondly, any differences may well be due to social roles and social oppression rather than sexual preference per se. Nevertheless, there may be a homogeneity of a sort, in that gay women do represent a stigmatised group in society and it is from this perspective that the research will now be reviewed.

Rees, (1980) compared 24 heterosexual and 24 homosexual single mothers, with children varying between 10 and 20 years of age. These children had all been in mothers' custody for at least one year, had all been told of mother's homosexuality at least one year previously; had no criminal record or psychiatric history; and had no adult male figure in the home. The results showed no significant differences in parenting styles between the two groups of women, and no differences in the children as a result of their socialisation.

Mucklow and Phelan (1979,) compared 34 homosexual and 47 heterosexual mothers in terms of their responses to child

behaviour based on a slide presentation and a 300 item parenting checklist. No significant differences were found between the two groups in terms of their response to child behaviour, (ie. adult centered, task centered or child centered parenting styles.

Kirkpatrick, Smith and Roy (1981), compared 10 homosexual and 10 heterosexual single mothers with children ranging from 5 to 12 years, on variables of demographic data; life styles and child rearing practices. Each child was administered a WISC, the Holtzman Inkblot test and a Human Figure Drawing test. A full developmental history was taken of each child from mother and a 45 minute semi-structured playroom interview was conducted with the child by a child psychologist who did not know which group the child belonged to. The results revealed similar maternal interests, and child care arrangements between both groups. The mean IQ amongst the children was the same but 50% of all the children showed moderate to severe emotional problems. The authors state that this could be due to a number of reasons. Firstly, the sample was drawn from mothers who were concerned about their children's emotional wellbeing and who therefore volunteered for the study. Secondly, all the children expressed economic suffering, and loss of fathering, and had all been subject to the disturbing effects of marital discord, and longstanding violence prior to the divorce, and these variables could account for their emotional problems. Thus the two groups of this study were not differentiated.

Miller, Jacobsen and Bigner (1981) assessed 34 homosexual and 47 heterosexual mothers on measures of mother's caregiving role, and found that lesbian mothers show an overriding concern for their children's long-term development. They assumed a principal role in child-care responsibility, and the majority see themselves as intimately involved in parenting.

Golombok, Spencer and Rutter (1983), compared 27 homosexual women and their 37 children, and 27 heterosexual women and their 38 children, all ranging between 5 and 17 years, and found that

"In both groups most of the mothers showed warm feelings towards their children, and systematic ratings of warmth ... did not differentiate the groups". (Golombok, Spencer and Rutter, 1983:558)

From the above discussion it does not seem that homosexual women are necessarily incapable mothers. Indeed, it seems that similarities between single heterosexual mothers and homosexual mothers exceed differences. (Golombok, Spencer and Rutter, 1983; Green, 1978; Kirkpatrick, Smith and Roy, 1981; Miller, Jacobsen and Bigner, 1981; Mucklow and Phelan, 1979). Thus far no evidence has emerged to support the claim that on the basis of their sexual orientation alone, gay women are necessarily inadequate parents.

Besides the question of parental fitness, the courts are also



primarily guided by the best interests of the child, as was noted in chapter three. In that chapter the concerns of the court about the wellbeing of a child reared in a lesbian home were outlined. One of these concerns is that a same-sexed child is at a heightened risk to either become homosexual herself, or to develop an abberant psychosexual identity.

This concern originates from the assumption that a same-sexed child is likely to model herself upon her mother and has its theoretical roots in behavioural schools. The next part of this chapter will outline the theory of modelling and the child's attainment of psychosexual identity according to this framework, and more specifically will present a review of the literature on the psychosexual development of same-sexed children in homosexual homes.

## **5. THE EFFECTS OF A GAY MODEL ON THE PSYCHOSEXUAL DEVELOPMENT OF THE CHILD:**

### **5.1 Theoretical Orientation: Modelling and Psychosexual Development**

Because of the parameters of this thesis the writer intends only to provide a cursory overview of the major concepts involved in modelling and the psychosexual development of the child. For a good review of this area, the reader is referred to the work of Walters and Stinnett. (1971)

"In considering psychosexual development it will be necessary to differentiate between certain key factors:

**gender identity**, (that is a person's concept of themselves as male or female); **sex-typed behaviour**, (meaning those gestural or behavioural factors which tend to differentiate the sexes); and sexual activities and interests leading on to a sexual object choice or **sexual orientation** (ie homosexual or heterosexual)." (Rutter, 1980:322)

By three years of age, (Bakwin, 1968; Laws and Schwartz, 1977) two-thirds of children know whether they are boys or girls, whereas by two and a half years of age, most children will not yet have accomplished their **gender identity**, (Gesell, 1940) which may be mediated by language. (Riddle, 1978) Furthermore by four to six years of age most children have established a gender identity comparable to their sex and are aware that they cannot alter it. The age of establishment of a gender identity seems to be related to intelligence; is earlier in girls, and differs according to socioeconomic groups. Gender identity seems to be established long before a child has proper appreciation of sex differences and before an understanding of the genital basis of sex differences occurs. **Sex-typed behaviour** relates to these traits, and involves mannerisms that are displayed by boys and girls that are considered to be masculine and feminine, and children vary greatly in the expression of these traits. Each culture has different definitions of what it considers masculine or feminine and what traits are appropriate in the differentiation of the sexes.

(Mussen, 1969) In most western cultures boys are encouraged to express aggressive and dominant behaviour, typically referred to as masculine, whereas girls are encouraged to express affection, co-operation, and nurturance referred to as feminine traits. (Kelly and Worell, 1976; Shively and De Cecco, 1977). Sex typed behaviour or one's sex role seems to develop gradually and is multidimensional (Nungesser, 1980; Riddle, 1978), although by four years of age, boys already begin to display a preference for masculine toys, and seem to be more sex role stereotyped than girls who more frequently express desires to be little boys than vice versa. (Bakwin, 1968; Rutter, 1980; Rutter and Hersov, 1977) However:

"less is known about the development of **sexual object choice**. Clearly it is related to, although different from, gender identity and sex role ... (and) psychological sexual development seems to be closely linked with social and emotional development". (Rutter, 1980:336)

Thus, whilst patterns of sexual activities are found to follow a developmental path in childhood, it is not known whether these behaviours are necessarily predictive of adult sexual orientation. Genital play is common in one year old children and increases between the ages of two to five years. Four year olds frequently engage in pre-school sex games called "mommy and daddy" or "doctor, doctor". (Rutter and Hersov, 1977) By seven years of age some 10% of children have engaged in masturbatory behaviours, whereas by thirteen years this figure has risen

to 80%. By thirteen years of age 30% of boys (Kinsey, 1953) have engaged in homosexual play and 25% have experienced their first date. By 16 years most (85%) adolescents have dated; and the curve of sexual activity rises sharply between 15 and 18 years. At 15 years less than 20% of adolescent boys have touched the female genitalia (Rutter, 1980) but by 17 years 50% have, and by 18 years of age, 30% of boys and girls have experienced sexual intercourse. However, this psychosexual developmental path seems to differ from child to child and is found in the histories of heterosexual, homosexual and bisexual adults alike. (Storms, 1980).

Various theories assume that sexual orientation is related to sex role behaviour or to gender identity. But, homosexual, bisexual and heterosexual persons do not differ on measures of gender identity and sex role behaviour. (Larson, 1981-82; Storms, 1980) This finding has lead researchers (Kinsey, 1953) to focus on the erotic nature of sexual orientation, arising solely from individually acquired erotic responsiveness to stimuli associated with one sex or the other, and may develop out of various learning processes and experiences. However, although a strong connection may exist between erotic fantasy content and sexual orientation, no convincing explanation seems to be forthcoming. (Storms, 1980) Therefore, whilst theorists (Rutter, 1980) might accept that imitation, identification and differential reinforcement **always** plays a part in sexual development of the child, no serious researcher would describe **all** psychosexual

behaviour to this process. (Maccoby and Jacklin, 1975) Nevertheless, for the purposes of this thesis it is necessary to briefly review the contribution of social learning theory towards the understanding of human psychosexual development.

#### 5.1.1 Social Learning Theory

Social learning theory seems to be the most traditional, best known and most widely accepted theory used to explain psychosexual development. (Mussen, 1969) Various concepts are central to an understanding of this theory.

Through differential and selective rewards and punishments sex appropriate responses in the child are encouraged, rewarded and presumably repeated, whilst sex inappropriate responses are punished and diminish in strength. Thus when a response has been attached to one stimulus it is likely to be generalised to other, similar stimuli. The greater the similarity between the new stimuli and the original stimuli, the greater the likelihood that the response will occur. (Sears, Maccoby and Levin, 1957) Thus certain broad patterns of behaviour, attitudes and characteristics that are related to later sex-typing may be established early in childhood as a consequence of parental rewards and punishments.

Furthermore, through imitation (also interchangeably referred to as modelling; observational learning and vicarious learning)

(Rutter, 1980) a child acquires sex-typed responses and behaviours. Imitation may be partly dependent on the response-consequence of the model being observed (Bandura, Ross and Ross 1963) and the characteristics of the model. (Grusec and Mischel, 1966). Models that are most likely to be imitated by the child seem to be those that are most similar to the child. (Rosekrans, 1967) Those that are nurturant and warm (Bandura and Huston, 1961) and those that are in the possession of power, particularly for boys. (Hetherington and Frankie, 1967; Perry and Perry, 1975). Furthermore, modelling is likely to be influenced by characteristics of the child, such as age, and desire or ability to perceive or perform the behaviour observed. (Nungesser, 1980)

A more subtle process, namely identification is borrowed from psychoanalysis to account for the spontaneous response that appears in children without training or reward without overt learning. Seers et al (1957:71) states:

"... sex typing has been interpreted by non-analytic theorists as an instance of primary identification".

Which is psychoanalytically defined as the:

"psychological process whereby the subject assimilates an aspect, property or attribute of the other and is transformed, wholly or partially after the model the other provides. It is through a series of identifications

that the personality is constituted and specified".  
(Laplanche and Pontalis, 1980:206)

### 5.1.2 Cognitive Developmental Approach

Kohlberg (1967) offers an alternative to the sexual identification process which he says is determined by cognitive maturity. (Maccoby and Jacklin, 1975; Rutter, 1980) Kohlberg's work is linked to two developments in psychology, firstly the renaissance of cognitive developmental psychology stimulated by Piaget and his followers, and secondly the new stress on motives such as curiosity, competence and effectiveness. (Mussen, 1969)

Cognitive theorists base their work on the hypothesis that the basic patterning of sexual attributes are to be found not in biological instincts, not in arbitrary cultural norms, but in universal aspects of the child's cognitive organisation of his social world organisation of his social world along sex-role dimensions. Thus the child is active in the selection and organisation and structuring of his perceptions, knowledge and understanding.

Kohlberg (1967) maintains that there are five mechanisms by which sex-role concepts become directly translated into mother-father values:

**assimilation**, the tendency of the child to respond to new activities and interests that are consistent with old ones;

value judgements made by the child are consistent with self concepts and sex role;

child associates positive self-enhancing values to sex-role stereotypes which are in themselves motivating

morality issues, whereby gender role behaviour is viewed as normative and conformity is morally correct; and

modelling or identification where the child models on same-sexed objects because she perceives she already has feminine interests.

Therefore, for cognitive theorists,

"... analysis of same-sexed imitation in sex role development suggests that the child must master certain cognitive achievements before their sex-typing can to any significant degree be influenced by the imitation of same-sexed models. Before the child will encode responses they see performed more often by members of a given sex as male or female as appropriate, they must realise that human beings are divided into males and females". (Perry and Bussey, 1979)

The cognitive-developmental approach differ from the social learning theory approach in that it places the most emphasis on the role of the child and on the child's cognitive ability to deal with his world.

Thus imitation or identification with same-sexed models and differential reinforcement of sex-typed behaviour constitutes the basis for psychosexual development according to modelling



theories. (Rutter, 1980) Individual differences are accounted for in terms of variables in the model's availability and patterns of reinforcement, and in the case of homosexual activity, parental behaviour is seen to stimulate the child into perverse sexual aberrations. (Hart and Richardson, 1979) However, as Rutter (1980) points out, children's sex-typed behaviour does not always resemble their parental models. Secondly, social learning theory fails to account for the gap between sex-typed behaviour and sexual orientation, or object choice. Thirdly, most homosexual adults were raised in heterosexual homes, and Hart and Richardson (1979) question the availability of gay models for these children. Furthermore, Grusec and Mischel (1966) make the important point that the same-sexed parent is not the exclusive model for identification by the child. The child is exposed to various other models in its daily life which may be as powerful.

## 5.2 **Review of the Literature on the Psychosexual Adjustment of Children Raised in Homosexual Households**

Parties interested in the field of aberrant psychosexual development in the same-sexed children of gay women have voiced concerns on two levels. Firstly that the child's possible experience of sexual advances or seductions (either by mother, her lover or gay friends) may, through the processes of reward and conditioning, influence the child to develop a homosexual identity. Secondly, that the child's exposure to atypical models

of sexual behaviour both implicit and explicit, may lead the child to adopt a homosexual orientation. (Golombok, Spencer and Rutter, 1983)

In terms of the first concern, namely issues of seduction, the research has shown that this is not a reliable predictive antecedent in the development of female homosexuality, (see chapter four) and there is no suggestion that lesbianism carries any risk of incestuous advances to the children. (Golombok, Spencer and Rutter, 1983) At the level of direct sexual threat to children there are virtually no reported case of female paedophilia, homosexual or otherwise in the literature. This may well reflect the different social meanings for sexual behaviour that exist for men and women in our society. Physical intimacy and contact between women and children, (given the traditional association of women with maternalism and the assumption of passivity of female sexuality) is less likely to be viewed in sexual terms than if the same acts were carried out by a man. (West, 1977) However, it seems that the traditional perceptions of female-child relationships may be overshadowed by stereotypic beliefs about homosexuality and gay women might commonly be perceived as sexual threats to little girls. In such cases, deviance is more powerful than conformity. (Dinitz, Dynes and Clarke, 1975)

In terms of the issue of modelling of psychosexual development, it seems that, just as children's exposure to the fact of a

heterosexual relationship between their father and mother does not prevent homosexuality, so the exposure to homosexual models seem unlikely to have a decisive impact on the sexual orientation of a child. (Golombok, Spencer and Rutter, 1983)

Rutter (1980) suggests various reasons for this :

Firstly, most children reared in lesbian homes are likely to have considerable contact with men and heterosexual models (via the media, peers, school etc) in spite of not living with father and living in a female-dominated home. In fact, it seems that masculine contact may be greater for children reared by gay women than for children reared in single heterosexual homes, possibly due to the conscious effects of gay women to provide male models for their children. (Miller, Jacobsen and Bigner, 1981)

Secondly, the greater majority of these children begin life in heterosexual homes and are therefore exposed to heterosexual models, although age of leaving the heterosexual home may be relevant.

Thirdly, it seems unlikely from other evidence, (see chapter four) that psychosexual homosexual development proceeds through a simple process of copying.

The empirical research in this area seems to verify the above conclusions. (Bell, 1976; Kveskin & Cook, 1982; Nungesser, 1980; Riddle, 1978; Smith, 1982) To give some important examples Kirkpatrick, Smith and Roy (1981) in a study previously quoted, found

".... no indication of differences in gender development between children brought up by lesbian mothers and those raised by unmarried heterosexual mothers". (1981:551)

Green (1978) in a widely quoted study, but with no control group and an unrepresentative sample, assessed 37 children raised by gay parents, and found :

"... no evidence at the present time which supports the belief that lesbian mothers have a detrimental effect on the psychosexual development of their children". (Knight 1983:26)

Hoeffner (1981) compared the children of 20 homosexual women and 20 heterosexual single women, all between the ages of six and nine years. The children were either only children or the eldest child, and fathers had been absent for a mean of 2,6 years, prior to five years of age. The authors report no differences between the children of the two groups. All the children preferred sex-typed toys; although lesbian mothers selected a greater balance of stereotyped masculine and feminine toys for their children to play with.

Whilst Golombok, Spencer and Rutter (1983) verify the above results concerning appropriate gender identity and sex typed behaviour in the children of their lesbian sample, they state that it is not possible to determine adult sexual object preference in pre-pubertal children. In this regard it has been

noted from previous chapters that most women reach an overt homosexual identity in their mid to late twenties (Kinsey, 1953; Califia 1978-79), and therefore, sexual orientation as assessed in children may not be evident until later, or if evident, may not be stabilised. The authors suggest well designed longitudinal studies to assess the long-term effects of a lesbian mother on the sexual orientation of her same-sexed children.

In conclusion then, it seems that whilst the current research data reveals that same-sexed children of homosexual women do not necessarily develop a gay identity themselves, it seems that:

"... The data are still too few and too incomplete to conclude that rearing in a sexually atypical household is without appreciable effect on psychosexual development, (but) all indications are that the majority of children show normal gender identity, sex-typical behaviour and probably (but less certainly) normal sexual orientation". (Rutter, 1980:333)

It was previously noted in chapter three that one of the concerns of the court regarding the effects on a child being reared by a gay mother refers to the general levels of stress to which the child is exposed which might predispose the child to an increased risk of emotional and/or behavioural disorders. In this regard, however it has been seen that lesbian households are subject to similar stressors when compared to single parent

households and children of these families experience similar life events. Therefore when attempting to determine the level of stress experienced by a child in a gay home it is necessary to appreciate that other variables have inevitably contributed to the general level of stress of the child and it may or may not be possible to separate these events from the stressors that may arise out of mother's homosexuality per se.

Most of these children have been subject to stress associated with marital discord, divorce, working mothers, absent fathers and stepparenting amongst other things (Rutter and Hersov, 1977) which may include poverty, overcrowded living conditions and associated alcohol abuse and depression. Thus, in attempting to assess the impact on a child of a gay mother, the worker in this field of necessity needs to be aware of the major research concerning the contributing variables mentioned above, and these variables and associated stress will now be reviewed.

#### 6. CONTRIBUTING VARIABLES THAT INFLUENCE CHILDREN REARED BY HOMOSEXUAL WOMEN : EFFECTS OF DIVORCE

Between 9 and 20% of all homosexual women are currently or have previously been married, (Kinsey 1953; Gundlach 1969; Rand, Graham and Rawlings 1982) and it is likely that a certain percentage of gay women will continue to marry (Nugent, 1983). The majority of these women go on to have children, and unfortunately most of these marriages end in divorce. (Ross,

1972, Glick 1979) Therefore, when assessing the impact on a child reared by a lesbian mother, the child psychologist has to take into account the interacting effect of the divorce on the child. Unfortunately, these variables are difficult, if not impossible to isolate individually and assess.

Three perspectives concerning the impact of divorce on children differentiates the literature. Firstly, the cumulative effect hypothesis, where effects of the divorce itself is seen as part of a cumulation of long standing negative influences on the child. Secondly, the critical stage hypothesis which suggests that children in certain stages of development are more vulnerable to effects of divorce, and thirdly the recency hypothesis which speculates that the more recent the divorce the greater the maladjustment of the child. (Kalter and Rembar 1981) Hetherington (1979) stresses the confusion in the literature about seeing divorce as a single event rather than viewing it as a sequence of experiences involving transitions in the lives of children. This sequence includes the family conflict before the divorce; the family disequilibrium with the separation; the reorganisation of the family into a single parent household; and after approximately five years the re-entry of the family into a two parent family involving a stepparent. All these sequences account for alterations in family functioning, and may all be associated with stressful variables that have an effect on the child.

## 6.1 Reaction to Divorce

Wallerstein and Kelly (1976), studied 60 middle class divorcing families in 1971 with 31 children between 3-18 years at the time of the decisive separation. The families were seen again 1-1½ years later; 5 years later, (Wallerstein and Kelly 1980) (by which time 58 out of 60 families were reinvolved) and 10 years later. (Wallerstein; 1984) Acute symptoms of the effects of the divorce itself in these children included separation phobias, sleep disturbances, anxieties and regressions, but most were found to have come to an end within 18 months, and at times subsided before the adults had reached a stage of equilibrium. It seems that children of different ages experience different effects of divorce (Landman, 1983) :

the **pre-school child**, (two and a half to six years at the time of divorce) seems to employ extensive denial; and regression, confusion and anxiety are common. At the 10 year follow-up Wallerstein (1984) found that these children were less burdened and seemed to have emerged less troubled, although 50% of them still entertained reconciliation fantasies and many displayed intense anger towards father who had failed to provide, although most children had retained contact with him.

the child in **early latency** at the time of divorce seemed to suffer the effects of the divorce more openly. Grief, sadness, deprivation, fears of the present and the future, and anger towards the lost parent, frequently projected onto the custodial parent and peers were commonly found.



the child in later latency and pre-puberty at the time of divorce, seemed to clearly recognise the reality of the situation and mastered psychical conflict with facades of courage and bravado. Wallerstein and Kelly (1976) found that these children reflected three common problems : subjective psychological difficulties, (frequently somatic) academic difficulties, and aggression towards parents. One year later 15 out of 29 of these children were functioning adequately, whilst a large proportion of them were more openly distressed.

the adolescents of divorce experienced anxiety about their own and parental sexuality; guilt, anger and loyalty conflicts although some gained maturity and displayed a heightened sense of responsibility.

Good outcome for children of divorce seems to be associated with a continuous good relationship with both parents; good peer group affiliation; psychologically stable parents; and other support systems. Poor outcome for children of divorce is associated with stressed custodial parenting; decline in mother/child relationships; psychologically ill mothers; economic stress, and anger and depression. (Wallerstein and Kelly 1980)

However, Wallerstein (1983:332) remarks:

"... Indeed it is strikingly clear that five and ten years after the marital rupture the divorce remains for many children and adolescents the central event of their growing up years, and casts a long shadow over these years".

## 6.2 Adjustment to Divorce

From the above quotation by Wallerstein (1983, it appears that whilst the majority of children may no longer display the acute symptoms of the effects of divorce some 18 months later, (Wallerstein and Kelly, 1980) it seems that some residual effects regarding adjustment to divorce remain with the child. Wallerstein (1983) states that divorce in a family is comparable to loss of a parent through death in that it :

- disrupts close family relationships;

- weakens the protectiveness of the nuclear family;

- begins with a time-limited crisis with an extended period of disequilibrium that can last several years;

- and sets in motion a chain of long-lasting events that can reach into many areas of family life.

For children of divorce, therefore, psychological adjustment tasks need to be dealt with by the child in addition to the expected developmental tasks of childhood and adolescence. A child's resolution of these hurdles will be influenced by the family ambience and by the extent to which the family has made progress in addressing issues. (Landman, 1983) Family adjustment is likely to have a major effect on the child's capacity to navigate the divorce-engendered problems, although the child still seems to carry the burden that needs to be resolved.

According to Wallerstein (1983) six psychological tasks face the child of divorce which extend over many years and have to be worked and reworked by the child :

acknowledgement of the reality of marital rupture;

disengaging from parental conflict and disasters and resuming customary pursuits; (These tasks are usually attained 1 year after divorce and are usually manifested in academic performance).

resolution of loss;

resolution of self-blame; and

acceptance of the permanence of the divorce. (These last three tasks are unlikely to be resolved in the first 1½ years after the divorce).

According to Wallerstein (1983) successful negotiation and resolution of these tasks should result in a sense of independence and pride; and in the child's intact capacity to love and trust. However,

"... There will remain for the child of divorce some residue of sadness, of anger and of anxiety about the potential unavailability of relationships which may reappear at critical times during the adult years". (Wallerstein 1983:242)

However, Hetherington (1979) points out that different children

may react differently to divorce, (Garmezy and Rutter, 1983) and that this may be due to:

**temperamental differences;** as certain children are less adaptable to change; (Rutter and Hersov, 1977)

**past adjustment;** of the child exposed to previous chronic stress;

**developmental status;**

**sex differences;** although girls of divorce frequently display disturbed heterosexual relationships in adolescence, the effects of divorce may be more pervasive for boys due to loss of male model, and a lack of mother's ability to deal with sons, manifesting in maternal stress and depression

**extrafamilial factors;** like availability of support systems; quality of housing, neighbourhood and day care facilities.

Traditionally, broken homes have been associated with delinquency in children (Rutter and Madge, 1976; Rutter and Hersov 1977) and rates of broken homes and parental separation are higher in delinquent samples than in the general population, and this has caused much concern about children of divorce. However, more recent research (Bane 1976; Rutter and Madge, 1976) has found similar incidents of unhappy quarrelsome homes but not necessarily divorced in the background of delinquents, suggesting that

"... it may be ... that it is ongoing disturbance in family

relationships which does the main damage rather than family break-ups as such". (Rutter and Madge, 1976:205; Landman 1983; Bane 1976)

### 6.3 After Divorce: Child's Changed Life Experiences: Single Parent Families and Working Mothers

Earlier on in this chapter the effects of a single parent household on children was examined. Mothering styles of single parents, both homosexual and heterosexual were reviewed, and in both these aspects it was found that the similarities between a heterosexual single parent family and a homosexual single parent family far outweigh their differences, although homosexual families were seen to be subject to events like eviction which are not a characteristic of heterosexual single parent homes. As alluded to earlier the child in a single parent home whether homosexual or heterosexual experiences changed life events.

After the divorce the child experiences distinct familial shift. The economic climate changes and children frequently experience household moves (possibly greater for lesbian homes due to issues of eviction) and loss of familiar educational systems, friends and neighbours. Living in a lowered standard of housing may expose all single parent children to higher delinquency rates (Rutter and Hersov, 1977); fewer recreational facilities and inadequate schools. (Hetherington, 1979) However it is possible that gay single families experience less downward economic shift

than single heterosexual families due to mother's generally higher level of education (Kinsey, 1953) and higher level of earning. (Golombok, Spencer and Rutter, 1983)

In addition to experiencing the trauma of divorce and the loss of father (to be discussed later in this chapter), the child may also experience the loss of mother who frequently has to go out and work after the divorce. Any discussion of mother deprivation must rely on Bowlby's (1969a; 1969b; 1979; 1980) writings, who regards attachment to a mother figure as crucial, and demonstrates the importance of the development of enduring bonds between primary care-givers and children, which provide security and the basis for all other relationships in the child's later life. However appropriate and well-planned separation need not be necessarily detrimental to the child, (Rutter and Madge, 1976; Rutter and Hersov 1977) and the quality of the parent-child interaction rather than the quantity seems most important. Thus,

"if the divorced mother wishes to work and adequate provision is made for child care and household management, maternal employment may have positive effects on the child ... (However) if the mother begins to work (for the first time) at the time of the divorce or shortly thereafter, the pre-school child seems to experience the double loss of both parents, reflected in a higher rate of behavioural disorders". (Hetherington : 1979:854)

Maternal employment can also lead to task overload, especially

if the single parent is attempting to cope with tasks ordinarily performed by two parents in a nuclear family. Task overload can result in a child receiving less adult attention or erratic adult attention in terms of affection, limit setting and discipline, which frequently heightens a child's insecurities. (Epstein and Bishop, 1981) Nevertheless;

"... research findings are consistent in stating that children in single-parent families function more adequately than children in conflict-ridden nuclear families!" (Hetherington : 1979:855)

The overall conclusions regarding single parent families and working mothers seems to be that provided children are offered adequate alternative care-givers; are given sufficient quality time with mother; are recipients of mother's love, warmth and acceptance; and are not subject to the prolonged effects of maternal stress and parental conflict, deleterious results are not likely to develop. Indeed, mothers who are expressing themselves in the employment market may well gain heightened levels of self-worth and achievement and this might advantageously effect the children. (Rutter and Madge, 1976)

So far it has been noted that children of homosexual mothers have usually also been subject to stressors typical of children of divorce such as marital conflict, the divorce itself, single parenting, and the effects of having a working mother. In addition these children have also been subject to the loss of

father after the divorce and the research on the effects of absent fathering will be now outlined.

#### 6.4 The Effects of Absent Fathers

Problems in researching the effects of absent fathers on the developing child include the facts that studies in western cultures are currently in a state of flux concerning gender and parental roles, and western cultures are not especially representative of all children who suffer father loss. (Anderson, 1980) Furthermore, the role of father has been a neglected area of research, possibly due to early work on infant bonding and socialization, (Bowlby, 1969a; 1969b; 1979; 1980) where mother was seen almost exclusively as the most significant socialization agent of the child. However, the current decade has been a period of paternal rediscovery, (Lamb 1981) and fathers, now more than ever, are seeking to assume active responsibility and participation in child rearing, particularly in the early years. The more recent studies, which will be reviewed here, have all shown father to be important in the development of the child, and suggest that fathers and mothers may represent different types of experiences for their offspring. However, the research must recognise multiple determinants of father absence on the child and also consider the heterogeneity of father absent families. Herzog and Suida (1973) point out that the concept of father absence has been documented as if it constitutes a homogenous single event and/or situation.



These researchers list three types of father absence, each of which is likely to have a differing effect on the child:

real fathers or step-fathers or father figures who live at home but are unavailable to the child;

foster fathers, grand-fathers or other male models who live outside the house; and

homes where there are no father figures available at all.

Furthermore, Lamb (1981) points out that the effects of an absent father on a child also exists in the context of a family system, and that decontextualization may well negatively influence the analytic process. In addition, researchers seem to have placed too much emphasis on what father is, (what role he plays, for example, breadwinner) rather than considering what father represents to the child; although these variables may interact with each other and may be difficult to separate. Nevertheless, Lamb (1981) adheres to the belief that father absence deprives a family of a male model and a major socialization agent. Hetherington (1979) supports this view, and states that in the current eagerness to demonstrate that single parent families headed by mother are "ok", researchers have tended to overlook the contribution of father to family functioning. Hetherington (1979) classifies father functions into two categories:

supportive functions for mother, including economic aid; assistance in household tasks; emotional support; and

the benefits of an intimate relationship.

**functions for the children**, which include father's role as a socialization agent particularly in areas of discipline and tuition.

In single parent families these tasks are often taken over by mother, social institutions, relatives, friends, sibs, and stepfathers, but Hetherington (1979) asserts that this may be qualitatively different from that provided by an involved and accessible father. In families with two adults of the same sex (like female homosexual families) a more restricted array of personal characteristics will be offered to the child for consideration. However, it is possible that previous stereotyped sex-role perceptions of father may be less rigid, particularly in homes where egalitarian arrangements exist and where both adult figures display masculine and feminine behaviours.

An investigation of the research on the effects of absent fathers on children, reveals that ...

"studies of father absence deal almost exclusively with the effects upon male children, while generally ignoring the effects upon female children". (Walters and Stinnett, 1971)

This may be due to the interest by researchers in father's role as a model in the development of a boy's sexual identity. Boys raised with absent fathers may manifest gender role difficulties,

(Lamb 1981; Biller 1974) although in these cases absent fathering cannot be separated from exclusive single parenting by mother, or mother's economic and emotional distress.

However, more recent research is attempting to highlight the effects of father absence on the development of the girl. Biller and Weiss 1970, point out that according to psychoanalytic theory an adequate available father figure is an essential requirement for the success of a girl's sexual development. Furthermore, the authors suggest that father is important in the establishment of a positive feminine identity by treating the developing girl as feminine and by encouraging her to behave in feminine ways:

"... participation by father in consistent relationship with his daughter, which is warm, stable and democratic seems to provide a highly significant ingredient for feminine development". (Biller and Weiss, 1970:82)

However, the research suggests that daughters' sexual identification may be linked to some aspects of mother's influence and this factor points to the need to examine interactive influences of sociocultural and familial variables in personality development, suggesting that it may not be possible to determine the exact contribution of father absence on the psychosexual development of the child.

Most research, however, has found few effects of father absence in pre-school or elementary school girls. (Hetherington 1972)

Rutter and Hersov, (1977) suggest that paternal deprivation might be associated with delinquency often manifest in sexual misconduct in adolescent girls, and Heckel (1963) suggests that father absence in girls may manifest in adolescence as school maladjustment; exclusive sexual interest and social acting out. Furthermore Lamb (1981) contends that father absence on daughters may well precede dissatisfaction in the female role as well as difficulties in interactions with males often not evident until adolescence.

In order to test these hypotheses, Hetherington (1972) studied 24 White female adolescents between the ages of 13 and 17 years where father was absent or unavailable. The results revealed the following:

- an inability on the part of these girls to act appropriately with males;

- increased dependancy needs and receptivity to men;

- no disturbances of sex typing; increase in aggressive behaviours, or difficulties in relating to women.

Hetherington (1972) suggests that there may be a critical period for the impact of father loss on girls. The effects of early separation (prior to 5 years of age) seem to be greater than later separation.

Studies that have assessed father absence due to divorce

(Kirkpatrick, Roy and Smith 1981; Kuba, 1982; Lewis 1980; and Wallerstein and Kelly 1980) have all revealed that father remains important to children after the divorce, and continued warm, loving and sustained contact with father is beneficial to the child. However, only 30% of children of divorce studied by Wallerstein and Kelly (1980) were able to build and maintain mutually satisfying relationships with their fathers. Lewis (1980) points out that in the case of a lesbian mother, a child's relationship with her father may well be made more difficult if the child has to bear the burden of keeping mother's homosexuality secret from father, particularly if child custody is at stake. Furthermore, father's attitude to homosexuality is also likely to influence the child who may experience divided loyalties over this issue.

A further variable that is likely to affect the child raised in a lesbian home is the advent of mother entering into a homosexual relationship where the lover and mother decide to cohabit. In some ways, the effects of mother's lover on the child may be similar to that experienced by children of heterosexual single mothers who remarry and introduce a stepparent into the family system. In other ways, having another female parent-figure in the family may subject the children of gay women to very different experiences. These questions will be addressed in terms of available research results in the following part of this thesis.

## 6.5 Effects of Stepparenting : The Role of Mother's Lover

It is necessary now to consider the impact and meaning of stepparenting on children and to note how families organise themselves around this event. Whilst the author is particularly keen to isolate those children and stepparents that live in a homosexual home, it is necessary first to review the literature on the difficulties of all families engaging in the inclusion of a new family member.

Many studies (Fast and Cain 1966) suggest that families struggle with the question of how closely stepparents can resemble natural parents. The authors claim that no matter how strong a stepparent's determination to be a parent, he or she can never totally succeed. Firstly, social norms make it inappropriate for stepparents to assume the parental role, and secondly, the stepparent will always have to share his or her role with the child's own parent. Families are seen to react to this problem of appropriate vs inappropriate role behaviour by denying the problem, becoming hypersensitive to the problem, or focussing on the children of the marriage as the problem. According to Fast and Cain (1966:485) :

"organisational disturbance in stepfamilies is inevitable ... (and) ... the stepparents' capacity to assume the role of parent does not depend only on his own willingness and ability. The reciprocal acceptance of himself in that role by spouse and child is essential".

From the above it seems that stepparenting is fraught with role ambiguity and conflict (Giles-Sims 1984) and is possibly one of the reasons for the higher divorce rate in second marriages. (Cherlin, 1978) Stepfamilies most frequently site the effects of incomplete institutionalisation of the new family and the children as the source of major conflict, (Giles-Sims 1984) although Walters and Stinnett (1971) claim that the age of the child is important to the attainment of successful stepparenting: the younger the child, the more likely the development of a good relationship with a stepparent, as children (particularly older children) tend to perceive their stepparents as discriminating more often than their natural parents, and more children show a desire to emulate their own parents than their stepparents. (Walters and Stinnett, 1971)

In lesbian families, where mother's lover comes to live in the house with the children (and possibly bringing children of her own) similar problems are experienced by the family. Hall (1978) reports that:

mothers complain that the new lover expects to be an instant parent and this creates conflict;

most clashes between mother and her lover begin over the children;

mothers feel caught in a cycle of guilt, and compensate for the loss and stigma she feels she has exposed her children to by abandoning limits, neglecting her own needs,

and attending meticulously to the children, even if it means forsaking her relationship with her lover;

children had lost their father and were fearful of losing the attention of the remaining parent whose energies particularly initially are directed towards a new lover.

Lewis (1980) reports that although the mothers in her sample had spoken to their children about the advent of a live-in lover, the children remained angry feeling they had no choice in the matter. However, Lewis (1980) states that it remains unclear whether this anger directed at mother was due to mother being gay, and the loss of father, replacement of father by the lover, jealousy towards mother or anger towards the lover as a threat to the sense of family.

In terms of the children's perceptions of mother's lover, Kirkpatrick, Roy and Smith (1981) found no evidence of 'role-playing' of heterosexual marriage stereotypes in gay reconstituted families, and children see the lover as an additional mother, aunt, adult friend, or big sister.

Generally it seems that introducing a new family member to a single parent home, in the form of a stepparent brings with it many associated difficulties. In homosexual families the situation does not seem all that different and organisational disturbance at least initially seems to be unavoidable. The problems reported in Hall's (1978) study are not seen to be different to the problems reported by reconstituted heterosexual



families.

## 6.6 Conclusion

This part of the chapter has outlined the necessity for mental health practitioners working in this field to take cognisance of variables that influence the child over and above the advent of mother's homosexuality per se. So far it has been noted that homosexual families may not differ too markedly from single heterosexual parent families, and children of gay women are subject to similar stressors such as marital discord, divorce, single parenting and experience of a working mother, and the advent of accommodating a stepparent in the form of mother's lover.

When completing an assessment of the child involved in custody disputes, these variables will have to be considered and cannot be separated from the stress the child may feel about mother's homosexuality per se. Thus the concern of the court relating to increased psychiatric risk for these children needs to be considered against the background of the contributing stressful experiences highlighted above.

The next part of this chapter will consider the concern of the court regarding the effects of stigmatization, isolation and rejection on children of homosexual homes.

7. THE EFFECTS OF STIGMATIZATION ON THE CHILDREN OF HOMOSEXUAL MOTHERS

"It has been suggested that an indirect consequence of lesbianism is the stigma which children might suffer because of their mothers unconventional lifestyle". (Knight, 1983:26)

Indeed the assumed bad effects of stigmatisation has been used as a justification in child custody disputes to remove children from the custody of homosexual mothers (Hitchens and Price 1978-79; Goodman 1979; Morin 1977; Mayadas and Duehn 1976). The assumption of the negative impact of stigmatization on these children, however, does not seem to be based on any direct empirical evidence or research. In fact, no systematic studies exist that assess the impact (if any) of stigmatization on the child of a lesbian mother upon which the psychologist can form an opinion. (Hart and Richardson, 1979; Knight, 1983)

Nevertheless, as Pagelow (1980) and Golombok, Spencer and Rutter (1983) point out, it is imperative that the clinician working in this field remain open, objective and aware of the possibility of negative stigmatization effects on those children.

Rutter and Madge, (1976) for example, document the stigmatisation effects on children of minority immigrant populations in the UK who display higher rates of psychiatric disorders than the normal population, particularly higher behavioural disorders.

Molinaro (1978) documents the effects of stigmatisation by peers and the general public on children who have been disfigured by burns. These children (aged between 7 and 19 years) manifest feelings of withdrawal, loneliness rejection and exclusion (Frost, 1983). Bryan (1976), found that mentally retarded children and children with learning disabilities are more likely to be rejected by their peers and furthermore that this rejection continues over time. However, Bryan (1976) also points to the fact that these children play a part in perpetuating peer rejection: failure at school results in feelings of anxiety and self negation which makes these children less desirable as a friend.

However, to what extent can these studies be generalised to the children of homosexual women? To what extent does mother trying to deal with her own stigmatised sexual identity influence the child, (Abbot and Love, 1972); and to what extent can stigmatisation effects be isolated as independent variables, if at all? (Katz and Zigler, 1967)

According to Schur (1965; 1980) Frost (1983) and Goffman (1963) people, and presumably children, are held responsible for their differentness regardless of its origin and become targets for stigmatisation. If this is so, then it is important to understand the concept of stigma, to assess its possible impact on children of gay households and to review ways in which a stigmatised identity can be managed.

"Stigma, then ... refers to an attribute that is deeply discrediting". (Goffman, 1963:13)

A stigmatising attribute can be seen as either discrediting or discreditable. A discredited individual is one whose stigma is known or evident, whilst a discreditable individual's stigma is not immediately perceivable or known as is the case of the children of homosexual women. (West, 1977) Three grossly different types of stigma are mentioned by Goffman (1963). Those relating to bodily abomination, those relating to blemishes in individual character (such as homosexuality) and those relating to role, nation or religion. However :

"... The stigmatised individual tends to hold the same beliefs about identity that (normals) do; this is a pivotal fact. His deepest feelings about what he is may be his sense of being a "normal person", a human being like anyone else, a person therefore who deserves a fair chance and a fair break". (Goffman, 1963:17)

The major effect of stigmatisation may be shame (Lynd, 1958) arising from the child's perceptions of her mother possessing a defiling attribute which she herself might not, (Goffman, 1963) but might also be considered to possess. (Schur, 1965; 1980) A further effect might be the painful tendency towards deviance, amplification (Schur, 1980) with accompanying feelings of powerlessness and depersonalisation, and loss of trust. (Lynd, 1958) The child may be considered discreditable and may learn

to deal with stigmatisation in various ways. (Goffman 1963)

Firstly, the child can attempt to correct the cause of the stigmatisation, but this is hardly likely in the case of a gay mother.

Secondly, the child can overzealously devote herself to the pursuit of normal (in this case heterosexual) pursuits to compensate;

Thirdly the child can use the stigma as an excuse or defence for all ills that come her way, in other words for secondary gain, and may adopt a cowering or hostile bravado image; or

fourthly the child can re-assess the limitations of the normals in dealing with deviance and devise some way of mutual acceptance.

However:

"... The (stigmatised) can never be sure what the attitude of a new acquaintance will be whether it will be rejective or accepting, until the contact has been made". (Goffman, 1963:25)

For the above reason, the discreditable may need to develop a conscious strategy for dealing with information disclosure and control, either of which may cost the child something in terms of physical energy. According to Schur (1980:15):

"... Such stigmatisation processes are by no means uniform, absolute or irreversable. Individuals vary in the resources and techniques they personally can use to avoid or offset stigma ... and also in their access to opportunities to join with others in mounting a collective response to deviantising".

In addition, the feeling that lies behind stigmatization may be the feeling of shame, and:

"... if one can find ways of sharing and communicating it, this communication can bring about closeness with other persons and other groups ... what is directed against a group as a label of shame can be converted into a mark of honour". (Lynd, 1958

Furthermore, in the case of these children it seems unlikely that all peers will stigmatize the child and that all occasions will have serious consequences for the child. Hart and Richardson (1979) suggest that the research needs to have consequence of what form the stigmatization takes; how often and under what circumstances it occurs; who does it, its meaning for the child, and the unique personal attributes of the individual child.

It seems that the children of gay women in our society are likely to suffer some effects of stigmatization, but just what these effects are, how they are experienced and what the extent of the damage incurred will be may depend on a number of variables that can be separated into two areas. Firstly, the diverse

nature of stigmatization events themselves, and secondly the unique capabilities and attributes of children to deal with this. (Garmezy and Rutter, 1983) The former may include such variables as

the form of stigmatizing stimuli;

the content of the stigmatizing stimuli;

how often it occurs;

under what circumstances;

who administers it; and

its individual meaning for the child.

The way the individual child experiences stigmatizing events may depend on many variables, but might include such factors as:

the child's level of preparedness;

the child's temperamental characteristics;

the child's level of intelligence;

social networks and support systems;

the cognitive appraisal by the child of the event and her level of intelligence;

the child's coping strategy and style; and  
previous chronic psychosocial adversity in the child.

Some of these variables may act as buffers that may protect the child as will be detailed later in this chapter. It seems however, in conclusion that any attempt to determine the effects of stigmatization, good, bad or indifferent upon a child of a homosexual mother will of necessity encompass an individual analysis of the child and the stigmatizing events, and will need to consider the meaning of mother's homosexuality for the child.

#### 8. CHILDREN'S REACTIONS TO MOTHER'S HOMOSEXUALITY

Very few studies have reflected the children's point of view; most have reported what professionals think would be best for children. (Lewis, 1980) Nevertheless those that have consulted children of gay parents reveal some interesting results.

Weeks, Derdeyn and Langman, (1975) report two cases of children of homosexuals. They found that these children denied emotional feelings towards their parent's homosexuality; seemed prematurely involved in heterosexual activity; and seemed detached from the family, possibly in an attempt to keep emotional equilibrium. The researchers felt that these children expressed their embarrassment about homosexuality by complaining about living



arrangements which was common. However, Weeks et al (1975) could not prove with clear conviction that these effects were due to mother's gayness per se. All these children had experienced the effects of divorce and absent fathering.

Kuba (1982), conducted a phenomenological study on preadolescent third to sixth grade children who had been living with a lesbian couple for at least one year. The researchers found that these children understood the relationship between family members, and were aware of sex roles and sex differences, although they displayed some confusion about who belonged in the family, especially in view of the lesbian lover and the absent father. For all these children a period of adjustment was required when the new partner joined the household, but the mother-child relationship remained stable.

Puryear (1984) compared the children in latency of 15 homosexual women with 15 heterosexual women along three dimensions: self-concept; locus of control; and self and family views. The author reports no significant differences on the first two measures, and concludes:

"These findings make it difficult to defend the view that mother's sexual orientation is detrimental to the development of the child". (Puryear, 1984:113)

However, the researchers found differences in self and family lifestyles. The children of the gay mothers depicted less family

activities in drawings, and less co-operation between child and adult figures. But just what these results mean, remains uncertain.

Lewis, (1980) saw 21 children aged 9-26 years from eight gay families (ten boys and eleven girls) in therapy over a two year period. All the mothers were living with a lover and the children all knew about mother's gayness for more than one year having found out after the parents were separated. The researchers found that there had been intense marital discord in all the families prior to the divorce, and the children agreed that the breakup of the marriage was more upsetting than mother's disclosure. The children all reported that mother's discomfort about disclosure of her homosexuality was a problem and prevented them from asking questions that would quell their fears and help them to deal with their anger. After the initial shock the children voiced their verbal acceptance of mother's homosexuality, but as in the Weeks et al (1975) study they seemed to deny any pain or anger. The older children (14-26 years) seemed to worry about the reaction of peers, and a major concern focused on their own sexual preference, worrying that if mother changed her sexual orientation after so many years, so could they. The younger children (9-13 years) expressed a strong desire for secrecy of mother's homosexuality, resulting in feelings of isolation and separating them from their peers. Fear of being ostracised was strong, and these children reported always feeling different. They also questioned their own

sexuality in the light of mother's gayness and were least able to deal with ambivalence towards mother. Most displayed intellectual acceptance, with the older sibs denying ambivalence, anger, hurt and grieving.

The most common response for these children regardless of age seemed to be intellectual acceptance of mother's homosexuality. Although some claimed to be more liberated than their friends, most of these children reported :

hesitancy in sharing mother's homosexuality with their friends;

anger at the lover or the lover's children;

deterioration of school work at the time of disclosure, particularly older teenagers who even displayed gross maladaptive behaviour, frequently of a sexual nature like promiscuity; (Weeks et al, 1975); and

fearfulness in discussing sexual issues between the two women. (Most of these children found it impossible to imagine the women making love).

From the above it seems that children react initially at least to mother's homosexual disclosure with intellectual acceptance and deny pain, hurt or anger, although children at different ages may react differently. However, no study has assessed the long-term adjustment and/or mention of children to mother's homosexual disclosure, and in addition as mother's disclosure

frequently coincides with the disruption of the marriage it is difficult to determine to what extent other variables are influencing the child's experiences.

From what has been outlined so far in this chapter, it would be easy to assume that children who have been subject to such tremendous stress will necessarily suffer increased psychiatric difficulties. Indeed this is one of the major concerns of the court when deciding lesbian custody disputes, and it calls into question the abilities of some children to cope with stress. In the remaining part of this chapter the literature on the incidence of psychiatric disturbances in children of gay women will be reviewed, and factors aiding a child's resilience to stress will be presented.

#### 9. INCIDENCE OF PSYCHIATRIC DISORDER OF CHILDREN REARED IN GAY HOUSEHOLDS

There are few good empirical data on the incidence of psychiatric disorders in the children of homosexual mothers. The few single case reports that are available (Osman, (1972); Weeks et al, 1975) and Green's (1978) larger but uncontrolled study of 37 children raised by homosexual parents suggest that the children develop appropriate psychosexual identities, but these studies do not provide data on other aspects of social or emotional development. Recently, however, in a typically well structured and comprehensive study, Golombok, Spencer and Rutter (1983)

examined 27 homosexual mothers with a total of 37 children, and 27 heterosexual single-parent mothers with a total of 38 children. The children ranged between 5 and 17 years of age. Data was collected in the form of interviews and questionnaires which were highly reliable and valid. The children's emotions, behaviour and relationships were assessed on a parent and teacher questionnaire and no significant difference between the groups were found. The questionnaire was seen to provide measures of **emotional difficulties** (tearfulness, worrying, fears, sleep difficulties, and stomach ache or vomiting); **conduct difficulties**: (stealing, destructiveness, disobedience, lying and bullying); **unsociability**: (not liked by other children, solitary and argumentative) and **hyperactivity**: (restlessness, figety, and inability to settle). Again no significant between-group differences were found, and in fact, only a small minority of all these children showed significant psychiatric problems. However, the proportion was substantially greater in the heterosexual single-parent group than in the lesbian group, a result which surprised the researchers and which they could not explain. Examination of the different types of disorders in the two groups revealed the usual mixture (Rutter & Hersov 1977) of emotional and conduct disorders, and whereas there were no children with neuroses in the lesbian sample, there were six children with neurotic symptomology in the single parent group. Furthermore, only one child in the lesbian sample compared to five children in the single parent sample had been referred to psychiatric clinics some time in the past. The majority

of the children in both groups showed evidence of good peer relationships. Only 4 children, 2 in each group had definite relationship problems, and about a third in each group showed minor peer difficulties. From this study, Golombok, Spencer and Rutter (1983:571) concluded that:

"... rearing in a lesbian household per se (does) not lead to atypical psychosexual development or constitute a psychiatric risk factor".

From the above it seems that the incidence of psychiatric disorders in children of lesbian families is equal to if not less than the incidence found in single parent families. Nevertheless it is difficult to understand this phenomenon, particularly if one considers that these children have experienced, amongst other things, the effects of marital discord, divorce and absent fathers; the effects of atypical families, lesbian mothering and step-parenting; the effects of working mothers and one parent families; and the possible effects of stigmatisation. We have seen from the work of Kuba, 1982; Lewis, 1980; Puryear, 1984 and Weeks et al, 1973, that these children may experience negative effects directly related to mother's gayness and may also have learnt to deal with them in certain ways. Nevertheless, it is hard to explain why these effects do not in the majority of cases result in psychiatric disorder? (Golombok, Spencer and Rutter 1983).

In order to answer this question it now becomes necessary to consider why and how some children cope in the face of intollerable stress and, the clinician working in this area can only provide a balanced account of the effects of mother's gayness on a child by taking into account the much underdocumented variables influencing the resillience of individual children to stress.

#### 10. COPING AND STRESS IN CHILD DEVELOPMENT

Garmezy and Rutter (1983) point to the fact that historically the concept **stress** has been used interchangeably with such concepts as stressor, strain, and distress. Nevertheless, the concept of stress is important in understanding the notion of coping, that is of individual children's responses to events, happenings and circumstances that might be stressful. There has, in the past five years, been a growing interest in why some children do well in the light of extreme stressors that are known in the general population to carry a risk of an adverse outcome. In understanding resilliance in a developmental organism like children it is important to consider whether different coping strategies occur according to the child's stage of development. Rutter (1972; 1983) has shown how difficult it is to predict exactly what long-term effects early experiences in childhood may have, and links between childhood and adulthood remain complex, indirect and uncertain. In adulthood there is reasonably strong evidence to suggest that stressful life

events may play a significant role in provoking the onset of psychiatric illness. (Garmezy and Rutter 1983) However, these correlations raise troublesome questions, for example, do stressful events in adulthood cause psychiatric disorder, or does the presence of disorder increase the likelihood of having stressful experiences, or, are both stress and disorder due to a third set of variables yet unknown? The aetiology of psychiatric disorders in children in contrast to adults is sparsely documented in the literature. Under the general heading of maternal deprivation, there have been studies which show correlations between chronic long lasting deprivation; parental neglect and family discord, and psychiatric disorder in children. (Rutter and Hersov, 1977) But very little is known about the effects of acute stressful life events in children, although some studies point to their possible importance; (Garmezy and Rutter 1983) notably research on hospital admissions; birth of a sibling; and parental divorce. As far as these three stressors are involved, it seems that much of the stressful quality of the event lies in its effects on patterns of family interaction and relationships, and raises the question of whether different types of events lead to different types of outcome, rendering the lumping together of all these events under the label stress quite unhelpful. Nevertheless, the way children deal with stressful events, either adaptively or maladaptively, seems to be important to the clinician working with traumatised children as once coping skills are isolated and defined, they can perhaps be taught to children who are experiencing stress.



However, before presenting a discussion of these phenomena, it is important to provide definitions of terminology, taken from Zietlin, 1980:

**"Coping** is defined as an active adaptive process of using strategies to manage one's world. It is behaviour children learn from the interactions of their development, temperament, prior experience, general level of competence, areas of vulnerability, and the demands of the environment....

**Coping style** is the way one habitually manages one's world by using certain strategies rather than others, and are unique to each child....

**Coping strategies** are specific behavioural sequences, however simple or complex used to deal with specific challenges or problems....

**Adaptive** coping styles and strategies are those that are appropriate to the environment, or situation and/or enhance efforts to care for oneself. Adaptive coping generates learning that can be generalised to new situations....

**Maladaptive** means of coping interfere with new learning, increases vulnerability and may generate excessive additional stress. To reduce the stress, children often engage in defensive or regressive behaviour. Maladaptive behaviour may also be behaviour that is too passive to generate the optimal involvement for learning". (Zietlin, 1980; 139-140)

Garmezy and Rutter (1983) suggest that individual characteristics are likely to influence the way children cope with stress. These

may be:

**Age;** is likely to influence the meaning, importance and form of stressful events, like divorce, although the category of the event is also likely to be as important.

**Sex;** boys at least in prepubertal children, seem to be more vulnerable to stress related to hospital admission, divorce, and day care centres although the reasons remain unclear.

**Genetic factors;** may play a part in determining individual differences in development and a susceptibility to disorder. However the extent to which genetic factors influence response to environmental factors remains uncertain.

**Temperamental differences;** may well vary amongst children (Rutter and Hersov, 1977) and may be partially genetically determined. Significant associations have been found between psychiatric disorder and temperamental differences (Rutter and Hersov, 1977), and between temperament and others' responses to the child.

**Intelligence and other skills;** there is a slight but consistent tendency for children of above average IQ to have lower rates of psychiatric disorder, though little is known of the mechanisms involved. It may be that high self esteem, a sense of achievement and greater cognitive problem-solving capabilities (Kagan 1983) act as a protector against stress. However, intellectually capable children may just be constitutionally more resilient.

**Chronic psychosocial adversity;** The presence or absence of chronic psychosocial adversity, past or present, may influence the child's responses to acute life events.

**Vulnerability and protective factors;** may be largely inert on their own, but may serve as catalysts when combined with acute stressors of some type.

**Social networks and close personal relationships;** This is evident in the studies of depression in adult women and is supportive of the suggestion that good personal relationships and social supports may mitigate the effects of stressful life events. In children, the presence of at least one good parental relationship may provide a substantial protective effect in the face of familial discord.

**The social group and the social context;** may also provide protective or adverse effects for children, such as schools, and peer relationships, and it is possible that the experience of personal success at school and amongst peers might modify a child's reaction to acute stress events.

**The cognitive appraisal;** of the stress event as positive or negative may determine how it is experienced by the individual.

**Coping strategies and style;** that is what the person **does** about the stress situation through the manipulation of the environment and intrapsychic processes, and may be adaptive or maladaptive (Zietlin 1980) and influence the manner in which future events are experienced.

Garmezy and Rutter (1983) go on to list five ways in which early experiences may be linked with disorders some years later and may thus make a child more vulnerable in years to come:

early events may lead to disorder at the time and persist

for other reasons;

early events may lead to bodily changes which in turn influences later functioning;

early events may lead directly to altered patterns of behaviour and take the form of overt disorder only some years later;

early events may lead to changed family conditions which in turn predispose to disorder later;

early events may alter sensitivity to stress or modify styles of coping which either protect or predispose disorder in later life only in the presence of later stressful events.

Garmezy and Rutter (1983) warn, however, that whilst there may be **sensitising** effects to stress in childhood, there may also be **steeling** effects which help the child overcome stress and adversity. Garmezy (1983) summarises five different approaches in research to the study of resilience in children, and consistently through these studies finds a triad of effects that seem to protect the child:

dispositional attributes in the child;

family cohesion and warmth;

support figures in the environment such as peers, older friends, ministers and in schools who serve as identification models for the child.

Thus Rutter (1983) concludes this discussion on coping and stress in children. He says it should not:

"... be assumed that the effects of stress are usually harmful .... all children are likely to experience many potentially stressful life events as they grow up, and it is most unlikely that the long-term effects will depend largely on the **number** of such stressors encountered. Rather it is more probable that the long-term outcome will be determined by **how** the stressors are dealt with at the time, and perhaps especially on whether the outcome of the stress encounter was successful adaptation or humiliating failure. Another facet of the same point is that certain events are **inevitable** (parental separation, death, illness) and one of the developmental tasks (of childhood) is to learn how to deal with them successfully when they occur".  
(Rutter, 1983:30-31)

## 11. CONCLUSION

From this chapter we have noted that the homosexual mother and her children are seen as an atypical, possibly even aberrant form of family that ignores the fact that family forms are traditionally fluid and change over time and culture. Contrary to this assumption it has been found that homosexual families do not differ all that markedly from single heterosexual families, and in addition the mothering capabilities of gay women have been found to be at least equal to that of single heterosexual mothers.

In this chapter the concern of the court regarding the psychosexual development of a same-sexed child reared by a gay mother was reviewed and it seems unwarranted in the face of research results available to assume that same-sexed children will necessarily develop a homosexual orientation themselves. Furthermore the court's concern about the possibility of an increased psychiatric risk for children raised by gay mothers also seems unsupported by the literature reviewed in this chapter. However, the court's concern regarding the effects of stigmatization on the developing child may be partially warranted, but the exact extent to which this variable may negatively influence the child is not known, and the impact may differ amongst children.

The clinician was also reminded in this chapter that children of gay women have been subject to other stressors besides those related to living in a gay home which cannot be isolated and which may have an interactive effect on the child. Finally, the abilities of some children to cope with stress and mechanisms of coping were highlighted.

It has been suggested in this chapter that the effects that a gay mother has on a child remains essentially a matter for individual psychological assessment and this matter will be further reviewed in the last section of this work.

In conclusion it seems that concerns about child welfare are

frequently based not only on ideologies of family and popular beliefs of homosexuality, but also on other deterministic assumptions about the effects of early socialising experiences. We must take into account however, the two-way nature of the socialising process and the role of the child, and the fact that different children react to the same experiences in different ways. Therefore it remains impossible to generalise, at least until the research becomes more specific and better defined.

**SECTION C**

**AN ILLUSTRATIVE CASE STUDY**

**FAMILY K**

**THE CASE OF JOY AND TARRYN**



## INTRODUCTION

The decisions to deny homosexual mothers custody of their children have usually been justified on the grounds of the supposed risks of:

possible aberrant psychosexual development in the children arising out of the homosexual model in the home;

children suffering the effects of social stigmatization, isolation and peer rejection due to their mother's homosexuality;

emotional and/or behavioural problems arising from the general stresses of being brought up in an atypical family, and an increased risk of psychiatric disorders.

The courts have been guided by the principal of the best interests of the child. In addition, the mother's fitness to parent has been questioned as it has been assumed that because she is homosexual she is necessarily disordered.

The research data available on the above notions have been carefully reviewed in previous chapters, and it seems that children raised by homosexual mothers do not necessarily reflect psychosexual difficulties or an increased incidence of psychiatric problems. (Green, 1978; Golombok, Spencer and Rutter, 1983; Osman, 1972; Weeks, Derdeyn and Langman, 1975) However, these studies have focussed mainly on the sexual identity development of these children and have not provided sufficient data on the situation in which these children are raised, nor do they outline other aspects of emotional and social development.

It was thought useful, for the purposes of this thesis to investigate a mother-daughter relationship where mother was overtly homosexual, in order to evaluate the theoretical assumptions made in the literature reviewed; to ascertain issues of relevancy for the clinical psychologist, and to evaluate the impact and effects on the child being raised by the gay mother. For ease of research it was felt that a mother with an

adolescent daughter might be best suited because of the child's advanced verbalisation skills. Also it was felt that by this age, some of the effects of living in a gay home (if any) would have begun to manifest, particularly as the girl in adolescence is in the process of experimenting with her own sexual identity. It would however have been interesting to have examined the younger child in the family, as presumably children of different ages might cope differently with the same stress factors. For the purpose of this thesis, however, this was not possible.

## METHOD

The clinician contacted various homophile organisations in Cape Town who were made aware of her desire to assess a non-clinical lesbian family with an adolescent daughter. Through word-of-mouth, Family K, one of three such families made available, was selected on the following criteria :

mother had previously been married;

mother was currently overtly homosexual (and had been for at least one year prior to the investigation);

mother was currently living with a female lover (and had been for at least six months before the assessment); and

the adolescent girl was aware of mother's homosexuality, and was herself willing to talk about her experiences.

Over a twelve month period (August 1985 to August 1986) the clinician spent 56 contact hours with the family (mother, lover and two daughters). Contact took the form of structured, semi-structured and non-structured interviews, which were partially guided by the literature.

Initially the clinician met with mother and explained the nature of the research question. Namely, that the courts were concerned about the welfare of children being raised by gay women and that psychologists

needed to assess these concerns in the light of current research evidence. The clinician mentioned that she wished to ascertain what it is like for mother being gay and what effect(s) if any, her homosexuality had on her adolescent daughter. After mother consented (with initial trepidation) the clinician spent an informal afternoon with the family, once again explaining the research objective and obtaining their commitment to the project.

Detailed Maudsley histories were then taken from all family members (see Appendix I) and a family assessment was undertaken (See Appendix II for an outline of the structure of Family K) based on the McMaster model of family functioning, a problem-centred model that focuses on the family system regardless of the sexual orientation or actual sex distribution of family members. (Epstein, Bishop and Lewin, 1981) (The superimposition of a model that is possibly geared towards the western nuclear family on an alternate atypical family structure may not however, have been entirely appropriate).

Subsequent interviews were conducted with mother and her lover to ascertain the nature of their relationship. The clinician then conducted interviews with mother in an attempt to understand the meaning of her homosexuality. Formal and non-formal interviews were conducted with the adolescent girl in an attempt to measure the effects on the child of living in a homosexual household.

## THE CASE

Joy (31) and her two daughters Tarryn, (14) and Jacky, (7) live with Ruby (34), a single woman. The two women are homosexually involved and the family live in their own house in a modest middle-class suburb of Cape Town.

A detailed individual history of each of the family members is presented in Appendix I and Appendix II presents the assesement of the family from a systems functioning perspective.

## HIGHLIGHTS OF THE CASE:

**MOTHER - JOY:** On aetiology and parent-child relationships

Joy says she first became aware of her attraction to women at the age of 14. (Cass, 1979; Kinsey, 1953; Schafer, 1976) She says :

"... since about 14 it's been a part of me.... I'm not sure where I got it from, it was just there ..."

Joy is not certain whether her homosexual preference may be due to or as a result of anything particular in her background. Some of her experiences, however, do coincide with aetiological theories on homosexual development.

Firstly, she was born to relatively elderly parents who had suffered three miscarriages prior to the birth of Joy. This fact is in accordance with theorists like O'Connors, (1964) and Abe and Moran (1969) in West (1977) who found that mothers of homosexuals were older than mothers in the general population. Secondly, Joy was an only child and this factor has been found (Gundlach, 1969) to be important in the aetiology of female homosexuality. Certainly, Joy reports that she always felt pressure to academically achieve, but just how this relates to her sexual object choice remains unclear. (Siegelman 1973) Joy does not feel that her parents longed for a boy. (Bene, 1965) Thirdly, and perhaps more significantly, Joy experienced an extremely difficult relationship with her mother who, together with her grandmother, (who lived with Joy until her death when Joy was 15 years old) was overinvolved, overindulgent, insensitive and domineering. This pattern of mothering was found by Kaye, Berl, Clare et al, (1967) and Kenyon (1968) to be associated with female homosexual development, but was not found to be the case in research done by Bene, (1965) or Siegelman, (1974). Joy says :

"I felt powerless and helpless as a little girl, jammed between the two of them .... My mother would dress me up in these pretty frilly dresses and gold pins and bracelets which I hated, but could

do nothing about except build up anger. .... They watched over me like a hawk .... anything I did - run, skip, hop, they'd tell me to be careful. I couldn't swim when the other kids could 'cos I'd get a cold. They just wouldn't leave me alone".

Joy's relationship with her mother has remained conflictual, possibly because she herself has been strong-willed enough to break away from her mother's influence but her anger towards her mother for interfering and attempting to dominate her life persists. She says that her mother also plays the 'poor-me' role, the martyred mother which Loney, (1973) found in the background of his homosexual sample. However, over the years she feels she has learnt ways of coping in terms of her relationship with her mother and has no illusions about the possibility of this relationship improving. She does not feel that her homosexuality is a reaction to the type of mothering she has experienced.

Joy's relationship with her father was anything but close, binding and intimate as suggested by Kaye et al, (1967) and although she had a better relationship with him than with mother it was not adequate. (Kenyon, 1968) However, Joy's father was not quite the cruel, hostile and exploitive father described by Kremer and Rifkin, (1969) or Loney, (1973): rather, Joy experienced him as distant, detached, and ineffectual. (Bene 1965; Kremer and Rifkin, 1969) He would disengage himself from the three women in the family and busy himself in the garden or read his newspaper on the verandah. Joy felt he was too weak to stand up to her mother, (Bene 1965) and felt disappointment towards him for this whilst at the same time hating her mother for demeaning her father. She remembers good times with him like painting the house, and making kites but at no stage did he treat her like a son and at no stage did she desire to have been a boy. Mother resented times that Joy had with her father, and would intervene in their relationship, attempting to encourage Joy to do something more feminine.

Although father occasionally allied himself with Joy against her mother, he could not provide the buffer she needed to protect her from mother and grandmother, and she felt disappointed in him for this. It seems

from the above that Joy experienced difficulties in her relationship with both her mother and her father.

### On being homosexual in a heterosexual marriage

When she was about 14 years old, Joy experienced her first homosexual stirrings for an older woman, although the relationship was mostly deeply platonic and not sexual. (De-Monteflores and Schultz, 1978; Kaye et al, 1976; Kenyon, 1968; West, 1977)

"At 14 when I began to feel things for Jennifer I thought ... I don't know what ... I remember being confused, not really guilty ... but I suppose I thought I must be bisexual".

(These thoughts are in accordance with Shafer's (1976) findings on the development of a female gay identity). At the same time that she felt these desires for Jennifer, Joy was seeing Martin and says, that at the age of 17 :

"... I had a real affection for Martin. We had sex ... I felt pregnant.. and we got married".

At this time, she had a suspicion that she might be gay but it was not fully conscious, and Joy said she probably married Martin because she believed she loved him (Nugent, 1983); she was not sure that she was gay (Ross, 1972); it was what most girls were doing; it would provide her with status and security; make her respectable, and force her to stop thinking about Jennifer. (Dank 1971)

Initially in the marriage, Joy says she fought bitterly to keep her homosexual desires suppressed, (Ross 1972) but conflict escalated, mostly about her sexual disinterest in Martin and her crushes on other women. As her desires grew over the years, Joy began to accept that she might be gay. (Cass, 1979) Eventually, some two to three years before her divorce she met a group of gay women in Durban, and disclosed to them that she thought she was homosexual. This verbalisation seemed to confirm

her gay suspicions to herself, (Cass, 1979) and the group, who were supportive of her encouraged her to go to gay bars where she could meet people and come out. (Dank, 1971) By the time she left Martin, Joy says she had fully realised that she was gay.

### **On Female Homosexual Relationships**

After leaving Martin and coming to Cape Town, she had one or two "scenes" with women perhaps because she was "allowed to" which were mostly sexual, until she met Ruby. Her relationship with Ruby is seen as something more permanent and committed and she has been living with Ruby for two years. Joy is deeply in love with Ruby and they are best friends. (Peplau, Padesky and Hamilton, 1983) Joy feels they are compatible and are able to communicate at a number of levels. As suggested by Jones and De Cecco, (1982) the couple do not execute rigid butch/femme roles in their relationship. Rather, roles are assigned according to the skills and inclinations of each of them. Joy is mechanically minded and physically stronger than Ruby and as such she tends to do all the harder work. (Marecek, Finn and Cardell, 1982) Joy generally expresses satisfaction with her sexual relationship with Ruby, (Kinsey 1953) which is mutually initiated and mutually satisfying.

Over the past six months since January 1986, however, Joy and Ruby have been experiencing difficulties with their relationship. Ruby stopped working about this time and Joy feels she has become more emotionally dependent on her. This, Joy feels, places an added burden on her, who already feels taxed by the dependent needs of the children and Joy feels it may have added to her depression. (See Appendix 1.1) Because of Ruby's lack of self confidence, Joy finds it difficult to explain to her that she needs time to be alone as she feels Ruby will see this as rejection. It is possible that overenmeshment, overdependency and friendship are causing this relationship strain as highlighted by De-Monteflores and Schultz, (1978). Both Joy and Ruby intimated that they wished to do something about this problem, and want to keep their relationship intact.

## On Living a Gay Lifestyle

Joy feels that she made a conscious change when she decided to go public and to lead a gay lifestyle, and generally she has no regrets. However, she feels that she is paying a price for this and being gay holds certain distinct disadvantages for her. (Tuller, 1977-78) Firstly, Joy resents the lack of social acceptance towards homosexuality and the social pressure that she feels. When she and Ruby go out, for example, to a straight restaurant they are unable to be openly affectionate with one another and have on occasions been threatened with physical violence, especially by men. Joy does not enjoy going to gay bars which she feels are pick-up places and so the couple feel very isolated and unintegrated into the larger world, and spend their free time at home or with other mostly gay friends.

Secondly, Joy feels the strain of having to lead a double life at work, where people do not know she is gay. She is afraid of rejection, ridicule and lack of promotion opportunities, were she to disclose to her colleagues. Thirdly, Joy feels threatened by the fact that her neighbours may begin to suspect that she and Ruby are lovers and may begin to put pressure on the children. Having bought a new house some nine months ago has ensured that the family cannot be evicted from the premises, but nevertheless Joy intends constructing a wall around her property to insure her privacy. Fourthly, and perhaps the highest price that Joy has had to pay is that she feels she has had to face up to her own unfulfilled dependency needs. As a heterosexual married woman in this society, Joy was protected and taken care of by a male benefactor, at least financially, who provided a back-stop for her. Choosing to lead a gay existence has meant that Joy has had to take full responsibility for herself (and her children) without the future possibility of a provider in her life again as would be the case for most heterosexual single women. Joy's conflict seems to lie between her rational choice of independence and homosexual happiness on the one hand and her deeper more passive desires for dependency and protection (possibly internalised through her socialisation process as a woman), on the other. Joy realises that this is an issue that she is currently having to deal with, and it may be



a part of her depression. (To the clinician's knowledge however, the experience of loss that Joy has felt by going gay, has not been documented in the literature).

### On Depression and Alcohol Abuse

Joy first began to feel depressed at the age of 25 when her father died and she first began to reach identity disclosure about being gay. Some 2 years later she left Martin and a close friend died shortly after that. She connects some of her depression to these factors, plus her current feelings of task overload and overenmeshment with Ruby. Joy also reports abusing alcohol since about the age of about 22, particularly when she is down and unhappy, and recognises that at times she consumes too much. (See Appendix 1.1 for a full history).

Joy's depression, anxiety and alcohol abuse are in accordance with the studies done by Saghir et al, (1970); Hawkins, (1976); and Diamond and Wilsnack, (1978-79). However, to what extent this is related to Joy's sexual orientation remains unclear. Joy would like to work on these issues, in therapy if necessary.

### On Being a Mother

In terms of her children, Joy feels incredibly anxious and at times overburdened. Martin has little to do with the children and even though Ruby helps, she feels the children are her responsibility entirely. Joy is afraid that she has caused her children harm because of the divorce and her sexual orientation, although she's not sure which is worse for the children and often can't separate the two. Perhaps because of this she feels she is at times oversensitive to their difficulties and she experiences guilt about having possibly damaged her children. Because she has no "straight" friends who have children, Joy says she is always unsure whether the behaviours the children display at given times are normal or not, and her fears may be due to her being a gay parent.

Despite these issues, Joy feels she has a good relationship with Tarryn

and Jacky whom she dearly loves. She does not feel that she is any different as a mother since disclosing her gay identity. In fact, she feels that, because she is generally happier, the children probably benefit. However, at present Joy is unsure of how her depression is affecting the children.

DAUGHTER - TARRYN

### On Marital Conflict and Divorce

Tarryn has vivid memories of the marital conflict and violence between her parents before they got divorced when she was 9 years old.

"They used to scream and shout ... one time mom ran after dad pointing a gun at him ... I used to be really scared. Sometimes I'd go to another room and cry so they'd come and see to me and stop fighting".

Despite this conflict when Joy left Martin, Tarryn was very angry with her mother, but did not know how to express it, (Wallerstein and Kelly, 1976) as might be characteristic for children in later latency. She says she understood the reality of the situation, but felt extremely sorry for her father.

"We just left ... Mom took everything. He came home from work one afternoon and there was nothing there! All she left him was a knife, plate and fork ... He didn't even have a stove".

Joy and the children moved to a house a few blocks away and Tarryn says she felt so guilty (Wallerstein, 1983) and sorry for her dad, that she used to slip out and go visit him whenever she could. When Joy found out she put a stop to it, and Tarryn was angry about this.

In terms of her overt level of functioning, Tarryn seems to have displayed the psychological difficulties reported by Wallerstein and Kelly (1976) that many children of her age (9-10) experience at the time of parental

separation, namely feelings of bravado and intellectual rationalization. However, just before her mother left her father, Tarryn's enuresis remitted and she stopped having nightmares, perhaps indicative of the beginning of the termination of conflict which Tarryn was subjected before. Today, Tarryn seems to have acknowledged the reality of the marital rupture (Wallerstein 1983), has disengaged from parental conflict, has stopped blaming herself and feeling guilty which she said she felt in the beginning and seems to have accepted the phenomenon of the actual divorce at least at an intellectual level. She says :

"... Now that I understand about Mom ... I can see she had no option really. She would never have been happy with him".

### **On Father Absence**

However, despite this rationalisation, Tarryn has not quite resolved the actual loss of her father, (Bene, 1976; Landman, 1983; Wallerstein, 1983) and she still has dreams about a "proper family". This may be related to the fact that Tarryn seems to have little contact with her father, like so many children of divorce. (Landman, 1983) Initially, particularly when the family moved to Cape Town she missed her father terribly and would attempt to make contact with him by letter or telephone. But slowly her father began to contact her less. He no longer writes or telephones her except on her birthday, and he sometimes makes promises he does not keep. Tarryn says that her feelings oscillate between anger and sadness, and she wonders if he really loves her. Each Christmas holiday, (the only time she sees him when she goes to live with him in Durban), she says she is faced with mixed feelings. She does not want to go because she is so angry with him:

"... but once I get there, after a few days of sulking I like it .... and then when it's time to come home again I don't want to ... I suppose because I've got used to being with him again".

At this time Tarryn says she has to resign herself to more hurt because her father promises to contact her again during the year but never does.

At a rational level, Tarryn accepts that it must be difficult for him too. She says that she would not want to live with her father because he is too old fashioned and not understanding of teenagers and she finds his wife and her two sons different. However, she would like to have a closer relationship with him but does not know how to achieve this. Tarryn clearly misses a father figure in her life and expresses this by saying that she is unsure about how to behave in adult male company. (Hetherington, 1972; 1979; Lamb, 1979) It has been suggested by Heckel (1963) that adolescent girls with absent fathers frequently engage in premature heterosexual relationships, and this may be the case with Tarryn who has had a relationship with Paul (17) for the past 18 months. It may be that Paul offers her the masculine security she needs, although Tarryn is unsure about the connection between her absent father and her love for Paul.

### **On Mother's Homosexuality**

When discussing her mother's homosexuality, Tarryn becomes emotionally animated. She says :

"I only knew about it from the time mom met Ruby ... The first I knew was when they were holding hands ... I thought 'they must be gay!' But then I thought, 'no that can't be true!' It seemed so unreal, because mom had already been married and had children and everything".

It seems that, like the children in Lewis' (1980) study, Tarryn felt that she had not been informed properly by mother. It seems that Joy's discomfort in disclosing her homosexuality openly and honestly with Tarryn prevented Tarryn from asking any questions she might have wanted to ask, or from dispelling any of her own fears and anxieties, and also prevented her from more easily making the transition with mom. Tarryn says :

"No one told me ... whatever I said or felt didn't matter ... I had no choice!"

### **On Mother's Lover**

Initially Tarryn was shocked and disgusted with her mother and could not believe that it was true. What made matters worse for Tarryn was that some weeks later Ruby moved into the house. This was traumatic for Tarryn. She says :

"I didn't want to see them together .... so I stayed in my room, sulked, and caused ructions whenever I could .... I felt so jealous of mom. ... I had already left my dad, and I suppose I was afraid Ruby would take mom away from me too!"

It seems that Tarryn's initial feelings for Ruby were not too dissimilar to those experienced by most children who have to accommodate a step-parent, (Fast and Cain, 1966; Giles-Sims, 1984; Visher and Visher, 1978; Walters and Stinnett, 1971) except that in Tarryn's case the situation may have been made more complicated by Joy and Ruby's homosexuality. (Hall, 1978) For example, Tarryn is not sure what made her more hurt and angry: her mother's homosexual disclosure, or her jealousy of Ruby, or a combination of both.

Tarryn's emotional and behavioural outbursts continued for about two months until Joy forced her to talk about her feelings one evening. Tarryn said everything came out; Joy, Ruby and herself had a long talk and once she attempted to understand what being gay means, and what part it was to play in her life, she began to get used to the idea and began to accept Ruby.

### **On Her Relationship with Mother**

When asked how she feels now about her mother being gay, Tarryn says :

"Well ... I mostly think she was born that way ... she can't really do anything about it can she? Actually, I feel sorry for her, ... because she really must be missing out, mustn't she?"

Tarryn feels that her mother is happier now than she was when married

to her father, and she prefers living in a gay home with her mother to living with conflict in the marital home. (Hetherington, 1979; Wallerstein and Kelly, 1980) Tarryn now gets on with Ruby and says :

"I like her very much now ... she's like a big sister or something."

She says that finding out that her mother was gay has not really altered her feelings for her mother. Tarryn says she loves her mother and is close to her, and she knows her mother does the best she can for her and her sister. She does feel sometimes, however, that she would like more time with Joy and has fantasies of her mother not working and being available to her like some of her friends' mothers who are housewives. She says :

"I would like her to be a **real** mother, you know ... to be here in the afternoons when I come home from school, and to bake and do things like that".

Although Tarryn realises intellectually that Joy has to work to support her children, she does, however, feel a desire for closer contact with Joy, who like most single mothers (Hetherington, 1979; Rutter and Hersov, 1977) seems overloaded and stressed, and Tarryn finds it difficult to ask for more attention from Joy.

It is not clear to what extent Joy's current and past depressive periods influenced her to availability to Tarryn.

Tarryn also expresses her displeasure at the downward economic drift her family has experienced since the divorce, (Bane, 1976; Rutter, 1976) and wishes they lived in a better neighbourhood, and had a house with posh furnishings like most of her friends. The reasons for her desires are difficult to tease out but may be due to her appropriate adolescent strivings for conformity, a desire experienced by many children from divorced or single parent homes, and possibly given more impetus by Joy's homosexuality.

## The Effects of Having a Homosexual Mother

Tarryn talks openly and freely about the impact of her mother's homosexuality on her life. When asked about her own sexuality and whether she has thought that she may also be gay, Tarryn says :

"I better not be! ... I want to be normal ... I mean I think I'm normal because I have Paul ... but then again I worry because Mom only became gay after she was married and had children."

Despite the obvious fears contained in these thoughts, Tarryn currently displays a heterosexual psychosexual preference, even though adolescent behaviour may not necessarily predict adult sexual object choice. (Golombok, Spencer and Rutter, 1983; Kinsey, 1953) Nevertheless, Tarryn is seen to display appropriate doubts about her own sexuality, particularly when seen in the light of normal developmental homosexual fears experienced by most adolescent children. (Rutter and Hersov, 1977) Perhaps, though, in Tarryn's case these fears are made more relevant by the actual presence of mother's homosexuality. Deep down Tarryn believes she is not like her mother because she adores Paul, who may help Tarryn by dispelling her homosexual fears.

Regarding her relationship with Paul, Tarryn feels that at times her mother is too strict with her. Although Joy likes Paul, Tarryn wonders whether some of her mother's strictness may be due to her being gay. At times, Joy expresses derogatory angry comments that devalue men and Tarryn dislikes this, although she challenges her mother about her ideas openly.

The area that seems to cause Tarryn the most difficulty concerning her mother's sexuality are her fears of the reactions of others. (Knight, 1983) Tarryn says she is ashamed to admit that she is embarrassed about her mother and Ruby, but feels uncomfortable when they go out as a family and Joy and Ruby touch one another. She says she sees people watching them and feels shy. Tarryn is also afraid of people at school finding out and on the one hand prefers it that Joy does not come to the school

for school activities. She says that if some of the girls and boys at school knew that her mother was gay they would tease her, or reject her, or worse still, think she was also gay. (Goffman, 1963; Shur 1980) She says :

"You know how it is ... some girls are bitches ... I mean they say even now to be mean ... 'Oh you know so-and-so ... she's a lesie' ... I'd hate them to say that about me and have a reason to!"

Tarryn says that as a result she does not disclose her home life at school, except to two good friends, and she does live with the fear of the other girls finding out. This means that she really lives a double life in some ways, and Tarryn feels this places a burden on her. She is also afraid of her teachers finding out, especially some of them who may be prejudiced. Tarryn says that even when Paul and his friends come to visit she feels embarrassed if Joy and Ruby touch each other in front of his friends who may not understand, and tries to keep her friends in her bedroom where they can't see. She especially does not want to hurt her mother by feeling these things but says that this is the way it is. She's not sure how else she should deal with the situation.

### **On Coping with Stress**

Despite all that Tarryn has experienced in her life, such as marital conflict, loss of her father, mother's homosexuality and being subject to life in an atypical household, Tarryn seems to be coping at present, (Garmezy and Rutter 1983; Zietlin 1980) and this may be due to a multitude of factors as outlined in chapter six. The clinician was especially impressed by Tarryn's intellect and capability for rationalisation which helps her to cognitively understand her world. She is not displaying gross emotional or behavioural difficulties of sufficient magnitude to be considered psychiatrically diagnosable. However, as Rutter, (1983) points out is difficult if not impossible to predict the effects (if any) that these stressors might have on Tarryn in years to come.



## DISCUSSION

This is clearly an illustrative, tentative report. The data collection was not systematic, sampling was by word-of-mouth, and there was no control group for comparison. It is not possible therefore, to make valid and reliable generalisations about the effects of a mother's homosexuality on the psychological well-being of an adolescent girl.

However, the clinician chose to present the material because of the relative paucity of similar published data, and the theoretical and clinical importance of understanding and observing the effects, good, bad and indifferent of a mother's homosexuality on her daughter, using the concerns of the court as a guideline for the assessment. In this connection, some interesting issues have emerged from the case material that seem important to document, if only to serve as indicators for future research, and/or psychological intervention.

Because of previous research in the area, where psychopathology has frequently contaminated research results, the researcher was particularly keen to work with a non-clinic sample who were socially well-functioning. To an extent this was achieved in that the family as a unit, and mother and daughter as individuals were not presenting with gross psychopathology. Indeed, this family were found to be in possession of attributes (see Appendix II) that seemed to have enabled them to weather the effects of several disrupting events over the past three or four years: namely, marital conflict and divorce and the loss of one family member in the form of father; a shift from a normative nuclear family to an atypical household and the reorganisation of the system to accommodate a new member with the intake of mother's lover. The ability of this family to progress through these critical phases raises important theoretical and clinical questions about the ability of families to cope with stress, and indeed to do so without psychiatric help. However, the clinician was specifically interested in discerning what pressures had been placed on individual family members during these periods of change, in particular the mother and daughter.

Upon closer investigation it was found that some of the stress factors that influenced mother and daughter were not too dissimilar to these that influence most women and children who experience divorce. For mother this included the stress of ongoing marital conflict; the dissolution of the marriage and the event of the divorce; the change in status from a married woman to a working single parent, and the event of reconnecting in a new relationship. The adolescent girl also experienced stressors that seem to be common to all children of divorce, namely, the witnessing of parental conflict during the marriage; the trauma of the divorce itself and the loss of father; the inevitable resulting experience of downward economic shift; single parenting by an overloaded mother; and the event of accommodating a new family member. It was also found that both mother and daughter had experienced these stressors in ways that were in accordance with the research on the effects of divorce. In particular, mother complained of task overload, financial pressures and depression which may have been exacerbated by her feelings of loss. The daughter reacted to the initial trauma with typical bravado and intellectual acceptance, whilst at times expressing direct anger to mother. However, even though she now feels that she is happier since her parents are divorced, in that there is no parental conflict (as evidenced perhaps in her better school achievement) she typically displays the scars so commonly found in children of divorce and has ongoing reconciliation fantasies.

Against this background then, the researcher wanted firstly, to assess the efficacy of the concerns the court upholds for children of gay women, and secondly to isolate and evaluate other stress factors that may relate directly to mother's homosexuality.

In examining the concerns of the court about the child's **psychosexual development** in this case it seems that this girl is probably heterosexually orientated, and that the development of a homosexual orientation in this child was unlikely, and did not seem to be the central issue. However, other, more subtle issues seemed to emerge concerning her sexuality which may or may not have been related to her mother's homosexuality. Firstly her homophobic fears (which are considered to be a part of normal

adolescent psychosexual development) seemed to be quite prominent, as this girl feared that she might become gay like mother even though she now felt heterosexually attracted. The fact that mother had become gay after a marriage heightened her fears of her own sexual future. It is possible that some of her needs to have an intense heterosexual relationship at the age of 14 may be motivated by her unconscious attempts to dispel these fears, although adolescent girls of divorce with absent fathers also have been found to prematurely engage in heterosexual activity.

The concern of the court about the child being at an increased risk for emotional and/or behavioural **psychiatric difficulties** seem to be unfounded in this case as the child displays no gross psychopathology. In fact, since the divorce, even though she is living in a gay home, she seems to be functioning better in that her enuresis remitted soon after the divorce, she no longer has recurrent nightmares and her school work has improved markedly.

However, the concern of the court about the negative effects of stigmatization on the child seem to be partially valid. It seems that this girl was indeed afraid of ridicule and rejection and employed specific mechanisms to avoid possible stigmatization which included non-disclosure or selective disclosure of specific areas of her life. However, exactly what effects these coping mechanisms have on this child in terms of energies involved remains uncertain. Indeed many factors seem to be operative in reviewing the effects of stigmatization, some of which may be related to the child and others to the nature of the stigmatization process itself. The child herself seems to be in possession of tremendous resources that may be attributable to her unique personality, her age at mother's disclosure, and her cognitive style which are somehow allowing her to cope at least for the present. Secondly, it is possible that stigmatization effects may differ in terms of their meaning and impact on a child depending for example, on its source, nature, frequency and intensity. In terms of assessment of stigmatization effects, it seems that the literature in this area is inadequate and provides no clear guidelines, yet it seemed that despite the extra energies this girl had

to employ by living in a gay home, she seemed to be coping adequately and it is possible that other variables may be helping to serve as a buffer for her, for example a good, loving relationship with her mother and a stable home background. However, to what extent she will continue to cope cannot be predicted, and indeed it may not be possible to separate the stress of living in a gay home from previous stress factors relating to the divorce and absent fathering.

In conclusion and based on this case only, it seems that the homosexuality per se of this mother was not necessarily detrimental to the child and certainly not of sufficient magnitude to consider denying this mother custody. It seems that custody decisions in cases like these need to be made to suit individual families and families need to be individually assessed in order to make decisions based solidly on the best interests of the child and parental fitness. Psychological assessments of child custody cases involving homosexual mothers will be discussed in the following section of this thesis.

Nevertheless, what did emerge from the case was the fact that gay mothers and their daughters seem to experience specific difficulties unique to their situation, some of personal and some of social import, which may act as an indicator for psychological intervention. These factors will be discussed in terms of the role of the psychologist in cases like these in the following section.

## SECTION D

### SUMMARY AND CONCLUSION OF THE LITERATURE REVIEW AND THE CASE STUDY : ETHICAL CONSIDERATIONS AND THE ROLE OF THE CLINICIAN PSYCHOLOGIST

1. SUMMARY AND CONCLUSIONS OF THE LITERATURE REVIEW AND CASE STUDY
2. ETHICAL CONSIDERATIONS CONCERNING FEMALE HOMOSEXUALITY: THE ROLE OF THE CLINICAL PSYCHOLOGIST
  - 2.1 Ethical considerations and social reform
  - 2.2 Ethical considerations and research
  - 2.3 Ethical considerations and community involvement
  - 2.4 Ethical considerations and the law: reform and child custody disputes
  - 2.5 Ethical considerations and psychotherapy: a needs analysis for clinical intervention
    - 2.5.1 Changing a homosexual orientation: the role of the psychologist
    - 2.5.2 A needs analysis arising from the literature review and the case study
3. CONCLUSION: FUTURE DIRECTIONS

## 1. SUMMARY AND CONCLUSIONS OF THE LITERATURE REVIEW AND THE CASE STUDY

It seems that homosexual behaviour is common and that the incidence of homosexuality in a society relates to specific societal taboos and prohibitions. In western society where such prohibitions exist, they can be traced back to early religious and legal taboos where sodomy has traditionally been the main offence, was punishable up until the 19th century even by death, and considered by medical authorities of the time to be a form of immoral sexual outlet. This century the women's movement and gay liberation organisations may have been instrumental in moderately changing societal attitudes towards homosexuality, by increasing public awareness. Societal change may be evidenced in changes in psychiatric thinking where since 1973 only ego-dystonic homosexuality is considered to be a psychiatric disorder. In legal circles the act of sodomy is currently being decriminalised but in South Africa, sodomy remains a criminal offence and the President's Council are currently contemplating the criminalisation of female homosexuality.

Traditionally in child custody disputes a maternal preference has prevailed in the courts, who are guided by the best interests of the child and fitness to parent. However with lesbian women and their children, the decisions of the court seem to be influenced by other variables, and lesbian mothers have been denied custody of their children based on certain fears namely:

that the child may develop an atypical psychosexual identity; that the child may be subject to stigmatization; that the child may be sexually seduced; and that the child may manifest psychological difficulties directly related to the general stresses of living in a gay home. Some progress has been made in the implementation of the nexus requirement but these concerns remain.

Much of society's prejudice and the beliefs of the court about gay women have been fostered by the assumption that gay women are psychologically maladapted, and this assumption has led to a proliferation of research into the aetiology of homosexual behaviour. Animal studies have mostly considered male homosexuality and have generally been inconclusive; endocrinal abnormalities have so far not been found to be of causal importance in homosexual behaviour; and neither has parental age, birth order or family size. However, psychoanalytic theory has traditionally considered female homosexuality to be a deviant form of development arising from pathology in the pre-oedipal or oedipal phase of development. However, psychoanalytic research into parent-child relationships for homosexual women reveals no consistent pattern to confirm or negate this hypothesis, but trends in the research seem to point to a poor relationship with mother and father in the history of female homosexuals. Projective and non-projective studies on the personality adjustment of gay women have been severely criticised, and have yielded no conclusive results.

An examination of the lifestyles and sexuality of gay women (who most frequently have been compared to single heterosexual women) seems to indicate that whilst some homosexual women marry, most of these marriages end in divorce. Research into female homosexual relationships however reveal that friendship seems to play an important role in gay relationships; that satisfaction in these relationships is the same as in heterosexual relationship, and that roles in gay relationships are not as stereotypically butch/femme as the public might assume. However, most gay women report difficulties associated with being gay which include social pressures, and the research seems to intimate that there is a higher proportion of affective disorders, suicide attempts and alcohol abuse in gay women than in heterosexual single women, which may or may not be related to these social stresses. Another area of related stress is the acquisition of a gay identity, which seems to develop gradually and seems to follow a developmental process, and successful attainment has been found to be positively related to mental health.

An examination of homosexual mothers and their children reveals that society views the lesbian woman and her children as an atypical, even aberrant form of family. These women experience pressures similar to most single parents, but also suffer with fears of job insecurities and housing evictions due to their sexual orientation, which unsettles children in the family. As mothers, lesbian women are not seen to be any different from single heterosexual women. The concern of the court about the



psychosexual development of a same-sexed child raised by a gay mother seems to be unwarranted, and to date the research reveals that these children generally develop normal sexual identities. The concerns of the court about a same-sexed child being seduced by mother or mother's lovers is not supported by the research evidence, which suggests that paedophilia is not a feature of female homosexuality. However, the concerns of the court about the child suffering the effects of stigmatization, seem to be partially warranted, although the extent to which this variable alone influences the child is not known; cannot be isolated from other stressors the child experiences; and the impact may differ according to individual variables. The last concern of the court relates to the possibility of **increased psychiatric risk**, based on a small bank of research it seems that growing up in a gay household does not necessarily predispose a child to psychiatric disorder. In addition to considering the wellbeing of these children concerning the stresses of living in a gay home, the clinician is reminded that these children have also suffered the effects of divorce; the effects of living in single parent homes with working mothers; the effects of absent fathers; and have had to accommodate mother's lover into the family as a stepparent. The impact on the child of these effects cannot be isolated and separated from the stress of living in a gay household per se. The clinician is also reminded that some children seem to cope in the face of impossible stress, and research suggests that there may be steeling effects that can enhance childrens' resilience to stress and enable them to cope

adaptively.

The above summary in each instance seems to point to the fact that the greater proportion of problems experienced by a homosexual woman and her children may relate to these specific areas of their lives which necessitate an interaction with society at large. This interface seems to generate conflict that may be due to the negative moral code of a particular society towards homosexuality on the one hand, and the individual's experience of herself as gay on the other, whilst legal and medical proscriptions have traditionally supported considerations of homosexuality as immoral. Social prejudice and non-acceptance of homosexuality as a feasible alternate way of life is evidenced by the problems gay women experience in coming out and going public, attaining custody of their children, and living free of stigmatization and social prejudice. Children of homosexual women are seen to suffer mostly from the effects of stigmatization rather than from effects of mother's homosexuality per se, and it is felt that these pressures may be contributing to the heightened incidence of alcohol abuse, depression and suicide in gay women.

Thus it seems possible that societal taboos are responsible, at least partially, for the development of mental illness in homosexual women and this fact leads to important ethical considerations for the clinical psychologist interested in the mental health of the person.

## 2. ETHICAL CONSIDERATIONS CONCERNING FEMALE HOMOSEXUALITY: THE ROLE OF THE CLINICAL PSYCHOLOGIST

It seems that the clinical psychologist is governed by two sets of ethical principles. (Steere, 1984) On the one hand there are these broader principles that involve all members of a given society to which the clinician needs to adhere, and those ethical principles that are specific to the psychologist who considers the interests of the client to be of paramount importance. Sometimes, ethical conflicts occur between these two sets of principles as in the case of homosexuality where a clash arises between society's general belief in the immorality of homosexuality, and the need of the psychologist to liberate a conflict-ridden client towards a homosexual lifestyle. In cases like these, Steere (1984) recommends in order to resolve this dilemma that the actions of the psychologist should be guided by three basic ethical principles.

Firstly, the principle of **autonomy** which suggests that individuals have a right to be free and to choose to behave in a way that is conducive to their general well-being and mental health, provided that in doing so they are not jeopardising the rights of others. Thus the clinical psychologist might be ethically bound, in the quest for mental health, to aid the client towards autonomy and freedom. In the case of homosexuality, however, as was seen from earlier chapters of this thesis, this principle is thwarted by society at large which impedes homosexual autonomy

through the instituted mechanisms of restricting and oppressive laws prohibiting free homosexual expression, and through more subtle processes like social prejudice.

Secondly, the psychologist can be guided by the principle of **non-maleficence** which suggests that the professional must take due care not to do unnecessary harm to the client. Breach of this ethical principle in favour of adherence to society's broader moralistic code of conduct, is evidenced for example in the attempts of those psychologists interested in research directed towards causation of homosexuality where the research goal has been to identify homosexuals as persons maladjusted. This type of research is seen to have done unnecessary harm to a group of people already suffering from societal prejudice. Another example of breach of this ethical code could be seen in the attempts of those psychologists who have aimed treatments, (often painful and involving penile shock therapy) to these homosexual patients "requesting" help in order to become heterosexual. The specialised skills of the psychologist should enable her to discern that in this case the client's ego-dystonic experience of homosexuality may relate directly to societal pressures and an endeavour might be made to assist the client to reach ego-syntonic homosexuality if at all possible. Certainly, enforcement of modes of therapy geared towards changing homosexuality in the past may have breached the ethical principle of non-maleficence and done more harm than good.

Thirdly, the clinical psychologist needs to be guided by the principle of **beneficience** where the basic premise is to do good, and the psychologist attempts to contribute to adaptive modes of functioning and towards the mental health of a client, and attempts to prevent or minimize harmful conditions. This ethical principle suggests that where it is known that certain conditions can create, contribute to or exacerbate mental distress, it is the role of the clinical psychologist to alleviate such conditions. This principle raises the important question of the role of the clinical psychologist in effecting social reform where it is known that social prejudice is harmful to the client as in the case of homosexuality.

## 2.1 Ethical Considerations and Social Reform

Thus in their professional role the clinical psychologist has a dual responsibility, firstly in terms of the unique relationship with the client, which needs to be protected, and secondly in terms of the relationship to the laws of the broader community. Conflicts might arise between these two interests, when in the endeavour for autonomy in the unique relationship with the client, a client might attempt to break the laws of the larger society by, for example, committing murder. In this particular instance, the role of the psychologist is clear and no conflict would arise as societal laws are in this case in accordance with ethical principles of autonomy, non-maleficience and beneficience. However, some laws are designed to protect issues of morality

in a society at the expense of the mental health of the patient, as in the case of homosexuality. Here it may be useful to consider Maslow's work (1943) on the attainment of mental health where society, as in the case of homosexuality, hampers the optimum psychological development of people by placing restrictions on their basic needs such as needs for material security, affiliation, belonging and self esteem. Thus,

"Because of this situation, clinical psychologists are frequently placed in a position where they are hamstrung in relation to their clients - where the symptoms the client displays may be directly related to discriminatory or restrictive societal practices, or where to encourage autonomy in a client may be futile when the exercise of such autonomy is not sanctioned by the broader society". (Steere, 1984:22)

Ways of dealing with this conflict has been debated at length by psychologists. On the one hand there are those who believe that the psychologist should be value-free and should not engage in societal reform, but rather assist the client to adapt and adjust as far as possible to the demands of broader society. However, writers such as Halleck (1971) and Bell (1975) have suggested that there is no such thing as a politically neutral psychology and that the psychologist whether she likes it or not is subject to politically laden bias and assumptions that influence her work. If this is the case therefore, it seems critical then that the psychologist accept responsibility in confronting those social institutions that exacerbate mental

illness and prevent mental health, and in this endeavour it seems that the psychologist cannot but help to get involved in processes of social reform. It seems that it is not sufficient to help only by assisting the client to challenge social norms and moralities, but rather the psychologist needs also to confront social oppressions directly, particularly in view of the special knowledge the psychologist possesses which enables her to clearly identify those social issues that cause mental distress.

In the field of homosexuality, however, it seems that the APA have taken a clear stand on the issue of social involvement of psychologists and have stated explicitly:

"The American Psychological Association urges all mental health practitioners to take the lead in removing the stigma of mental illness that has long been associated with homosexual orientation .... The American Psychological Association deplores all public and private discrimination in such areas as employment, housing, public accommodation, and licensing against those who engage or have engaged in homosexual activities and declares that no burden of proof of such judgement, capacity or reliability shall be placed upon these individuals greater than that imposed on any other persons. Further, the American Psychological Association supports and urges the enactment of civil rights legislation at the local, state and federal level that would offer citizens who engage in acts of homosexuality the same protections now guaranteed to others on the basis of race, creed, color etc. Further, the American Psychological Association supports and urges the repeal of all discriminatory legislation singling out homosexual acts by consenting adults in private". (Conger, 1975:633

Thus it seems that this mandate instructs the clinical psychologist to engage at a social level and to take an active role in changing societal attitudes and prejudices towards homosexuality that threatens mental health. Accordingly the position of the author is one of social activism, and is guided by the ethical principles of autonomy, non-maleficence and beneficence. This position will influence the role of the psychologist in the many areas of her work, in terms of research; legal involvement; therapy; and community involvement. To maximise the mental health of homosexuals, particularly gay women and their children, the ethical principles should be applied and should guide the psychologist in the approach to these tasks.

Concluding of the debate on social reform, it is important to document that the author intends approaching the Psychological Association of South Africa and the South African Institute for Clinical Psychology in an endeavour to obtain a public undertaking by these local organisations for a commitment to social reform similar to that of the American Psychological Association.

## 2.2 Ethical Considerations and Research

In chapter four the writer outlined the monumental research design and methodology problems that plague the student interested in the field of female homosexuality. Bell's (1975) suggestion for the declaration of a moratorium in research in this area



was documented. This would, he says, enable researchers to assess past research goals, methods and results; to compare research ideologies; and to assess the extent to which researchers have been blinded by theoretical orientations and strategies. Bell (1975) also calls for longitudinal studies of a multidisciplinary nature to evaluate both the broader and more specific nature of the meaning of the homosexual experience.

However, whilst this approach may address the problems of internal and external validity of studies in this area, it does not take cognisance of important ethical issues that warrant consideration.

It seems that two areas of research are subject to ethical consideration: research methodology and research goals, and contraventions of ethical principles in both these areas are characteristic of research into female homosexuality.

Presumably the global aim of all research is to expand human knowledge, but the important question is whether research is justifiable on these grounds alone, and whether research that has as its goal the validation of societal assumptions that promote mental distress by protecting issues of social morality is ethical. Research on female homosexuality is notorious for proceeding from the assumption that homosexuality is a form of psychopathology. The goal of this research (notably psychoanalytic in nature) has at times been to seek verification of this assumption rather than to challenge the assumption itself.

In this manner societal prejudice which promotes mental distress has been strengthened by the very act of embarking upon research from this perspective. Clearly the principles of non-maleficience and beneficence are breached in research of this nature. Frequently research results of this kind have been used to the detriment of the people involved, as in poor research data of the extreme situation separating women from their children in child custody disputes.

Steere (1984) seriously challenges the rationale of research that has as its goal the validation of societal oppression. She says:

"Where possible indirect negative results of research outweigh the intended positive results, it may be argued that such research should not be conducted and, where the research is conducted despite possible harmful applications, psychologist incur an obligation to minimise the potential for such harmful consequences by reporting and interpreting research results with due care and qualification". (1984:69)

Clearly this has not been the case in research into female homosexuality, and it seems that in future clinicians interested in research in this area need to take cognisance of the broader ethical implications of their research goals, and to take responsibility for not perpetuating social prejudice.

### 2.3 Ethical Considerations and Community Involvement

Another important facet of the psychologists' role is community involvement and this is in accordance with the position of social activism adopted earlier in this section. Through involvement in community health programmes the psychologist should attempt to eradicate or minimise those social variables that are contributing towards mental distress in homosexual women and their children. Ideally the psychologist should apply principles of active diagnosis and treatment to situations, and analyse and propose solutions to problems identified on the basis of current knowledge. Here the psychologist might act in a consulting capacity to organisations seeking to effect reform such as gay liberation organisations and educational organisations using differing technologies and forms of media particularly to disseminate knowledge about homosexuality that is comprehensive and accurate and attempts to reduce societal prejudice which is often based on inaccurate assumptions and misconceptions. In this regard the psychologists' role is a multidimensional one.

### 2.4 Ethical Considerations and the Law

There are two areas of the law where the clinical psychologist interested in female homosexuality may become involved. The first area considers issues of legal reform, at times relating to the criminalisation and decriminalisation of the homosexual

act; the second area concerns the role of the psychologist in child custody disputes with gay mothers.

In terms of **legal reform** processes, it seems that the role of the psychologist is vital in terms of a greater liaison with law making bodies concerning the validity of laws that are oppressive and promote mental distress. Essentially the psychologist, committed to social activism, is guided by the ethical principle of autonomy where the individual's right to freedom is paramount, provided the autonomy of the broader society is not being jeopardised. In some cases, law-makers institute statutes that clearly protect the interests of the governing bodies, regardless of infringement of personal rights and often in matters like these psychological research will not be considered.

However, currently the psychological profession in South Africa is in the unusual position of being invited to participate in an investigation into the existing Immorality Act (23 of 1957) (which also concerns homosexual behaviour, as outlined in chapter three of this thesis) in so far as the President's Council have called for reports from interested parties concerning the nature of homosexuality and arguments for or against criminalisation. In this regard it is the intention of the writer to submit a report to the President's Council concerning the ethical implications of criminalisation of female homosexuality and

the negative consequences that this would have for all homosexual women and their children in this country.

The second area in which the psychologist working in this field will embrace the law is when she acts as an **expert witness in child custody disputes**, and here some important guidelines concerning ethical issues and the pragmatics of the situation are outlined.

The psychologist interested in medico-legal work with gay mothers must at once take cognisance of the adversary system, which is the cornerstone of the legal process in the courtroom. The judge who presides over evidence presented, has, as one of his primary tasks, to uncover the truth and to make decisions after listening to the arguments of two advocates pitted against each other, each pleading for his own case. Each advocate attempts to present his own evidence as sound, and to questioning his opponent's evidence, either by discrediting the evidence itself in terms of its factual content, or by discrediting the witness on a professional or personal basis. (Steere, 1985) The adversary system in child custody disputes is no different, and there is a growing dissatisfaction with this system in these cases. Saayman and Saayman (1983) have demonstrated that this system in itself can be detrimental to the psychological well-being of the child of divorce. Other major problems for the psychologist asked to act as expert witness, include the facts that :

a psychologist's evidence will usually be called to court by the attorney only if it supports his case;

the psychologist as witness is dependent on the line of questioning of the advocate who may present his findings in a biased way;

a courtroom battle between psychologists from opposing sides can ensue and can result in the discrediting of the profession as a whole.

Suggested alternatives to this system include : (Steere, 1984; Landman, 1983)

the appointment of a psychologist by both sides;

The appointment of a panel of psychologists and other mental health workers employed by the courts to assist in matters like child custody disputes and to draft guidelines for the court on the best interests of the particular child.

In addition, lack of consensus amongst psychologists about the nature of child development, homosexuality and lack of absoluteness in the field of psychology as a whole (Rosen 1977) makes the task of the expert witness in a custody dispute formidable. Nevertheless, there are certain broad guidelines which can be used to avoid making major mistakes. (Steere, 1984; Rosen and Abramovitz, 1975)

These include :

Informing the client from the outset of the nature of the assessment and the findings of the report;

adequate preparation prior to court proceedings;

specific medico-legal training;

meticulous pre-trial record keeping;

complete and concise report writing in non-technical terms;

recognition of areas of uncertainty;

presenting in court in an objective, undefended, honest and discreet manner; and admitting to the limitations of one's experience; and

avoiding answering legal questions or guessing in response to questions the psychological literature does not specifically validate or invalidate.

The role of the psychologist in child custody disputes involving lesbian mothers makes it seem more important that the above basic guidelines are adhered to. Goodman (1979) notes that in a lesbian custody dispute the expert witness needs not only to perform an assessment based on the best interests of the child, but also to educate the court about the nature of lesbianism in its fullest sense, and to be able to talk about current research in the field as a whole.

(Hitchens and Price (1978-79)) see the tasks of the expert witness

in lesbian custody disputes broken into two categories : namely evaluation of the parties, and refutation of general misconceptions regarding homosexuality.

**Evaluation of the parties :** the psychologist should conduct a detailed psychological evaluation of all parties concerned: mother, father, children, mother's lover, father's lover, and anyone else of importance. Amongst other things, the report should contain details on :

The general emotional stability of mother/father and lovers;

mother's/father's/lover's parenting abilities;

the emotional stability of the children;

the nature of the relationships between all parties;

the atmosphere in the home(s);

the ability of mother to cope with the problems of living in a society as a lesbian;

the attitude of father towards mother's lesbianism;

mother's understanding of problems the children might encounter as a result of her homosexuality, and her ability to cope with the children's questions.

**Refutation of general misconceptions:** The psychologist should have some post-graduate experience or qualification in



homosexuality, and be well enough conversed with the area in order to discuss, for example:

lesbianism as a 'mental illness';

maternal and paternal deprivation and the effects on the child;

how children react and deal with stigmatization; and internalisation of cultural attitudes by children;

child developmental psychology, and how children cope with stress.

At all times the psychologist must remain objective and professional. The aim is to compile a report and to give an opinion regarding the best interests of the child (Rosen & Abramovitz, 1975), and not to get trapped by the polemic argument that is bound to surround such a case. Thus, as a child advocate (Landman, 1983) the psychologist must

be impartial and competent;

possess the necessary knowledge;

weigh up all information available impartially and objectively using specific criteria.

This task is often made difficult because :

the psychologist is working in the field of human relations where empirical facts are subject to weakness often inherent in research design and methodology;

parents feel they are being judged, especially a gay mother who by way of compensation may strive to impress the psychologist by her 'normality';

access to information unfavourable to one side may be withheld from the psychologist, encouraging the report to be impartial.

However, because of the generally unfavourable outcome in lesbian custody disputes, some researchers have developed additional guidelines for the professional specifically working in this area. Hitchens (1979-80) and Hitchens and Price (1978-79) suggest that an educated lawyer, who understands the nature of homophobic bias, and a competent expert witness can help a mother obtain a fair hearing. They feel that lesbian women should be encouraged to firmly and directly disclose their sexual identity to the court and allow the expert witness to discuss the effects of this orientation on the well-being of the child. In fact Smart (1980) found a direct positive relationship between unwarranted judicial prejudice in lesbian child custody disputes, and the employment of a knowledgeable and experienced psychologist who can present the court with the facts of the broader issues of lesbian behaviour. Davies (1979), however suggests that in order to combat homophobic fears in the court;

the expert witness should be overtly heterosexual to preclude the possibility of the court presuming bias on her part;

the attorney should take account of the balance of sexes in the courtroom;

a masculine-looking female lover be kept out of court;

the mother should dress in a feminine manner to court and have an older male friend or uncle accompany her; and

the attorney and the psychologist should prevent mother's sexual orientation from becoming the central issue but focus on the issues of parental fitness and best interests of the child, and attempt to guide the court towards applying the nexus requirement.

The medico-legal worker interested in this area is immediately struck by the heightened emotionality that surrounds the literature on child custody disputes involving gay mothers. However, this polemic situation is not useful for the clinician who at all times needs to stay with the facts of the case and the literature. The clinician should not be drawn into an emotive argument for or against homosexuality, but should rather present to the court an objective report highlighting the central issues that have been investigated concerning the best interests of the child and parental fitness.

## 2.5 Ethical considerations and Psychotherapy: A Needs Analysis for Clinical Intervention

Adhering to the ethical principles of autonomy, non-maleficence and beneficence is vitally important in the consideration of the role of the psychologist involved in modes of treatment in the field of female homosexuality. The issue that immediately incurs ethical debate is the question of the role of the psychologist in changing a patient's homosexual orientation.

### 2.5.1 Changing a Homosexual Orientation : The Role of the Psychologist

Earlier in this section we discussed the validity of those psychologists who have embarked on procedures to change a patient's homosexual orientation, and it was seen that psychologists frequently justify their actions on the basis that clients freely requested change and willingly undertake treatment. However, this type of justification ignores the fact that the psychologist with specialised training, knowledge and skill is under no obligation to be directed by the patient particularly when such requests may place the psychologist in the position of breaching ethical principles.

Since the 1960s and 1970s serious questions have been asked about treatment outcomes in attempts to "cure" homosexuality. Over the past few decades the literature has abounded with attempts by behaviour therapists to change sexual preferences.

(Bates, Skilbeck, Smith and Bentler, 1975; Groth and Birnbaum, 1978); Rekers, Yates and Willis et al, 1976; Rosen, Rekers and Bentler, 1978 and Stoller, 1978). Despite the fact that long terms results have been disappointing, (Coleman 1978) these modes of treatment have been carried out, and Davison (1976), highlights societal prejudices that therapists have perpetuated in an attempt to justify the hours of aversion therapy, shock therapy, and skills therapy that have gone into an attempt to change homosexual behaviour. Treatment administered in this fashion implies disease: there is no cure without a disease and participants in this therapy regime, by their very nature, are thought to have condoned societal prejudice and to have impeded social change (Davison, 1976), particularly in view of the fact that results on psychological testing have **not** supported the belief that homosexuality is a psychiatric disorder. Secondly, therapists never make ethically or politically neutral decisions, they are inescapably subject to prejudice and bias:

".... a psychiatrist cannot avoid communicating and at times imposing his own values upon his patients .... In the very process of defining his needs in the presence of a figure who is viewed as wise and authoritarian, the patient is profoundly influenced". (Halleck 1971:19)

Furthermore, it is not the role of the mental health professional to perpetuate social prejudice, oppression and ignorance. Indeed, it seems that the psychologist guided by ethical principles must be committed to the prevention of mental maladjustment

by challenging social structures that contribute to mental suffering.

However, controversy about the ethics of treatment for homosexuals hinges upon an evaluation of the advantages and disadvantages of homosexual living, and of achieving a secure and satisfying lifestyle, (West, 1977), and psychotherapists need to look towards studies and descriptions of normal well-functioning life-styles of homosexuals. (Dank, 1971; Freedman, 1975; Hooker (1957); Loney, 1973; Weinberg, 1978-79)

In line with an ethical commitment models need to be developed that provide useful explanations of female homosexual behaviour. However, research in this area displaying new affirmative models aimed at assisting gay men and women in attaining mental health notwithstanding severe social proscriptions, have unfortunately been slow to emerge, (Gonsiorek, 1982) and the research on new treatment approaches is sparse and fraught with similar design deficiencies and inadequate data collection and methodology as other research conducted on the treatment and aetiology of homosexuality. (Coleman, 1978)

Nevertheless, these models when they begin to emerge more fully should be relevant to the life experience of gay men and women; they should enhance the mental health of homosexuals, assisting them to meet the challenges of creating an equal, healthy, ethical

and useful place in society, particularly in view of the fact that homosexuals who have successfully come out seem to be psychologically healthier as indicated by a more stable and positive self-image, fewer anxiety symptoms, and less depression. (Hammersmith and Weinberg, 1973)

Furthermore, these models should be clinically relevant and useful and function over a wide range of psychological adjustment, and be able to account also for these homosexuals who do want to change their sexual orientation as well as for those who function poorly. The new models should generate a testable hypothesis, generate new theory, and withstand rigorous tests of empirical validation.

#### **2.5.2 A Needs Analysis Arising from the Literature Review and the Case Study**

It is the intention of the writer to now identify some areas where the clinical psychologist may begin to develop new models for therapeutic intervention for homosexual women and their children. These needs or indicators arose out of the literature review and the case study material of this thesis, and it is not the intention of the writer to provide a detailed analysis but rather to provide indicators upon which new research can expand.

In this regard it must also be remembered that there is no particular psychotherapy for lesbian women or their children, but rather there is psychotherapy with women and children who happen to be lesbian. Furthermore, the full range of knowledge and skills of the clinical psychologist will be employed to provide therapeutic management programmes based on ethical principles that will meet the needs of individual patients and will encompass many modes of therapy including individual psychotherapy, family therapy, marital and couple therapy and family therapy.

Issues that relate specifically to **homosexual mothers** and where psychological intervention may be useful includes the **Coming out process**: Cass (1970) and Shafer (1976) have provided evidence for the evolution of a gay identity which seems to follow a developmental sequence. According to Cass (1979) the early stages of gay identity formation are critical and the young adult at this time seems to experience intense self hatred, alienation, isolation, despair and psychological turmoil, and is high at risk for depression and suicide. (Diamond and Wilsnack, 1978-79; Hawkins, 1976) Furthermore, research has indicated that those homosexuals who attain a healthy gay identity are the most well adjusted on measures of self esteem, and display fewer symptoms of anxiety depression. (Hammersmith and Weinberg, 1973; Hooker, 1957)

Thus it seems logical that the mental health practitioner can



facilitate the coming out process in two ways. Firstly through community health programmes, where young people in their late teens and early adulthood who may suspect they are gay, are presented with the belief that homosexuality is a viable alternative way of life but not without the many problems that are unique to gay people living in a heterosexual society. Secondly, clinicians can assist therapeutically by conducting coming out groups for example, (Coleman, 1978) where self-esteem, psychological adjustment and interpersonal skills are positively developed.

In addition to assistance with pre and post divorce counselling, (Landman, 1983) it seems that gay women experiencing divorce may have several obstacles to overcome, and psychological assistance at this time might be useful, particularly relating to **loss of a heterosexual identity**, which is an aspect of coming out that seems to be inadequately covered in the literature. Nevertheless, to the clinician (at least from the case study material) it seems possible that women may have to go through a period of mourning when giving up their marriage and their heterosexual identity. The women loses financial security and status as a married woman as well as respectability and conformity by choosing to live her life as a homosexual person. Having been heterosexually socialised as a little girl in her family may leave parts of herself which passive and dependent, unfulfilled, when she is forced into total independency through

her homosexuality without the possibility of a future male provider in her life in the future. Unfulfilled dependency needs may contribute to depression and alcohol abuse, and psychological assistance in confronting this problem might reduce symptomology.

Help for gay families may extend to include issues of:

**Disclosure of homosexuality to children:** due to her anxieties and fears about how the children will react to the knowledge of her homosexuality and how being a gay mother will affect them, the homosexual women may not handle telling all that well, and may need assistance on how to go about disclosing to her children in such a way that the children can dispel any fears or questions that they may have about mother's homosexuality.

**Adjustment to single parenting:** specifically relating to how to negotiate rules, boundaries and limits which may be detrimentally affected by mother's anxieties and guilt about being gay. New roles need to be assigned in the home and the family may need to learn to adjust to living without a father figure in the home. Women may also need assistance in ways of coping as a single parent without being strained and overloaded.

**Reconstituting the family: introducing a lover to the home:** seems to be a critical issue and a time of strain where outside help may be useful.

**Going public:** is another issue gay women might like assistance with. In relation to the children this involves

such questions as disclosure to teachers, schools, friends, priests etc, and how to deal with this.

Help may also extend to **lesbian couples** who by having attained an overt homosexual relationship have already achieved a great deal against strong opposition. Women who embark upon an overt gay relationship may initially feel that it is the best relationship they have ever had, but Gonsiorek (1982) warns that all too often gay women begin to feel disillusioned in their relationships. Two women entering a relationship (both having been socialised towards generating togetherness) may create some of the problem. Women most frequently seem to complain of an inability to attain a balance between togetherness and separateness in gay relationships, and of the tremendous stress they live under due to societal pressure. Gonsiorek (1982) reports that gay female patients most frequently disclose problems relating to day to day fears of disclosure; handling money and making decisions; sharing time and attention between themselves and the children; task overload for the gay mother; issues of monogamy; difficulties in child rearing; sexual difficulties; and incompatibility. Gonsiorek (1982) also suggests that the most important aspect of therapy with gay women seems to be their overenmeshment with each other and an inability to let go when necessary. These issues may need to be raised in conjoint therapy with gay women when necessary. (Coleman, 1981).

Help for **children of lesbian women** may extend to assistance with dealing with difficulties concerning the **divorce and loss of father**; where a supportive network allowing the child to deal with fears, anxieties, anger and guilt may make the event of divorce less traumatic. (Landman, 1983) Help may also extend towards establishing a better relationship between father and the children.

The children may also need help in dealing with the **initial shock of mother's homosexuality**. Children may need to talk about their own anxieties and fears in relation to mother's gayness, and this may also include the aspect of accommodating mother's lover into their lives. The children's own **sexuality** may also be an issue that they may have to deal with. Perhaps by sharing experiences with other young persons who are also in similar positions might be useful. Children may also need assistance in dealing with the **stigmatization** they may experience because of mother's homosexuality, and coping strategies where necessary may be taught.

### 3. CONCLUSIONS : FUTURE DIRECTIONS

From the discussion in this chapter we have seen that the psychologists are undoubtedly and of necessity politically involved with homosexual mothers and their children on the basis of social prejudice and legal proscriptions that detrimentally

affect the mental health and psychological well-being of gay people. Thus it seems that a value free psychology in this area may not be possible, that the psychologist needs to accept a share of responsibility for social reform and that future directions in research, therapy and community involvement should be governed by ethical principles that strive to enhance the mental health of gay women and their children.

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## **APPENDIX I**

### **MAUDSLEY PERSONAL HISTORIES**

**1.1 Mother - (Joy)**

**1.2 Mother's lover - (Ruby)**

**1.3 Tarryn (14)**

**1.4 Jacky (7)**

**Note :** For the protection of the people involved the names and places in these histories have been changed. Pseudonyms were chosen by family members.

## **APPENDIX 1.1 HISTORY : MOTHER**

### **IDENTIFYING DATA**

Joy, (31) is a white divorced woman working as a mechanical technician, and living in her own home in Cape Town, with her two daughters Tarryn (14) and Jacky (7) and her lover Ruby.

### **FAMILY HISTORY**

**Father:** William, eldest of two children, chartered accountant in municipality for approximately 21 years, died 1980 (74) of a coronary. Previously married. Described as a placid man, at times "unassertive".

**Mother:** Elizabeth (68) eldest of two children, housewife and pensioner, living alone in Durban. Described as "bombastic and insensitive, but wellmeaning". Suspected cancer.

#### **Grandparents:**

**PGPs:** From Johannesburg. PGF died when Joy was 2 years; PGM died before Joy born.

**MGF:** Alcoholic, died before Joy born. Divorced from MGM when Elizabeth 18 years old.

**MGM:** Sarah, died 1969 (74) when Joy 15 years after protracted illness. Lived with mother, father and Joy after divorce. Always sickly, bedridden last 5 years of life. Described as a "warm" person, but demanding due to illness.

#### **Siblings:**

Three miscarriages before 3 months prior to birth of Joy (31).

### **FAMILIAL RELATIONSHIPS**

#### **Marital Relationship:**

William described as being very 'patient' with Elizabeth, who was the stronger of the two. William was unable to assert himself against Elizabeth and would withdraw and alienate himself from the family by working in the garden, or sitting alone on the verandah. His wife resented his inadequacy and denigrated him in public.

**Father and Joy:** Joy closest to father up until age of approximately 10 years. William unable to be affectionate with her as she got older, and relationship became more distant. Joy would protect him from mother's verbal abuse.

**Mother and Joy:** Joy's relationship with her mother has always been conflictual. They share different viewpoints and philosophies about life. Since William died Elizabeth has become more dependent on Joy who resents this.



**MGM (Sarah) and the family:** MGM lived with mother and father from the beginning of their marriage. Mother's relationship with MGM described as an ambivalent but enmeshed one, with open conflict. Elizabeth resented the demands placed on her by her sickly elderly mother, but would not let anyone else take care of her. Father liked MGM although he resented her interference in his relationship with Elizabeth. Joy loved MGM dearly and tried to shield her from Elizabeth. She was very involved in nursing MGM.

**Home Atmosphere:** Middle-class Methodist family living in Johannesburg. Financially comfortable.

#### **FAMILIAL ILLNESSES**

**Medical:** MGM : Protracted arthritis.  
F : Coronary

**Psychiatric:** MGF : Alcoholic

#### **PERSONAL HISTORY**

##### **Early History:**

**Pregnancy and birth:** Joy was a wanted baby after 3 miscarriages. Difficult pregnancy, forceps delivery. Breastfeeding unsuccessful: mother had inverted nipples and "no milk".

**Early development:** Healthy, active baby but allergies as a child. Advanced milestones.

**Neurotic symptoms:** Drank bottle secretly until the age of 6.

**Education: Junior School:** Began school aged 5 after 6 months at nursery school. Same school Sub A to Std 5. Advanced student, top of her class. Class captain on a few occasions. Enjoyed tennis, netball and swimming. Clashed with teachers who were authoritarian. Mixed with a group of 4/5 friends. Enjoyed school.

**High School:** Std 6 to Std 9 in same high school. No failures. From coming first in Std 6 Joy's school work deteriorated possibly due to rebelling against mother until halfway through Std 9 when father agreed to let her leave school even though she was only 15. Std 6/7 played tennis and swam for the first team. By Std 8 began truanting from school and was very involved in a relationship with Jennifer (see sexual inclination).

**Further education and training:** Secretarial diploma (1970)  
Mechanical training (1982)

**Psychosexual Maturation: Menstrual History:** Menarchy at 13 years, untraumatic. Sex education from friends at school.

**Sexual Inclinations and practices:** Joy's first love was a woman, Jennifer, who lived next door to Joy with her husband and her 2 children. From

the age of 8 years Joy spent a lot of time with the children, and enjoyed being at Jennifer's house more than her own. At the age of 15 she realised she was in love with Jennifer, and at this time Jennifer and Joy entered into a physical relationship which was not very fulfilling. Jennifer was a depressed person who had 2 unsuccessful suicide attempts which Joy prevented. When Joy was 20 years old, and already married, Jennifer successfully committed suicide which was traumatic for Joy.

**Marriage:** Joy met Martin (33) a mechanical technician from Durban while he was in college in Johannesburg. She was 17 years old, fell pregnant and the couple were married in 1971 and went to live in Durban (1973). Although at the time Joy felt she was probably gay, she did not know what to do about it, and Martin became a good friend over the first years of marriage. Joy tolerated their sexual relationship but was never able to reach orgasm. During her marriage she had various unpursued "crushes" on women. Things between Martin and Joy deteriorated over the last few years of their relationship. He was possessively jealous and began to abuse alcohol. There were many physically violent arguments between the couple.

In 1980 after her father died, Joy inherited some money, and this gave her the financial security she needed to dissolve the marriage. She had met a woman one year previously, with whom she had had her first "proper" sexual relationship, and these factors prompted her to leave Martin and come to Cape Town with her two children.

In Cape Town she lived with a lover, Vanessa, for a few months whom she had known from Durban; and had various casual relationships until she met Ruby (34). (See Appendix II for current relationships).

#### **Occupation:**

For six months after leaving school Joy obtained part-time employment, and then went to college to do a diploma in shorthand/typing. She did temporary clerical/typing jobs whilst pregnant, and worked as a telephonist/typist until Martin was transferred to Durban. In Durban Joy worked on their farm, raising the children and doing temporary typing/telephonist jobs for a company from time to time. In 1977 she began a leather workshop on the farm, designing manufacturing and selling leather garments. After being unemployed in Cape Town for 3 months, when she first left Martin, Joy began work as an apprentice in the mechanical field. She has worked her way up to head of her department, earns good money and enjoys her work.

**Activities:** Enjoys windsurfing, camping, gardening, music and being with Ruby and her children.

**Habits:** Smokes approximately 40 cigarettes per day; takes dagga occasionally. Drinks approximately 4 beers at night and more on weekends. She began drinking about 10 years ago but says her intake has decreased over the past few years. Previously she would drink about half a bottle of whisky a night. Joy reports no increase or decrease in tolerance; no DT's, fits or 'regmakers' but reports the occasional amnesic period.

**Present Domestic Circumstances:** Joy lives with Ruby and her 2 daughters in her own home in Cape Town, which she bought some months ago. The family are not under severe financial strain although Joy has to work to a budget.

**Previous Illnesses:**

**Medical:** Mother : Suspected cancer

Joy - asthma and bronchial spasm since age 25

**Psychiatric:** Joy experienced periods of depression since age 25, lasting 3/4 months at a time, with symptom free periods of 6/8 months in between. No common precipitating cause; but feels empty; lacks joy and vitality; low on energy and libido; initial insomnia, early morning wakening, and gains weight. She does not feel suicidal, but also feels symptoms of anxiety like a knot in her stomach and nausea, and has obsessional ruminations about money for example. No family history of depression. Her GP usually prescribes anti-depressants. No psychiatric treatment.

**Basic Personality:**

Enjoys being with people who are stimulating and sincere. A leader amongst her friends, socially active. Enjoys reading occult books. Enjoys creative, community living and outdoor life. Optimistic, cheerful and demonstrative person. Can be self-depreciative, and subject on occasion to mild depression and aggressive outbursts. Enjoys being in control and finds it difficult to adjust to change. Believes in truth, honesty and love. Inherently spiritual and cares for poor/old people with whom she would like to work.

## APPENDIX 1.2 HISTORY : MOTHER'S LOVER

### IDENTIFYING DATA

Ruby (34) is a white single woman previously employed as an assistant freelance film editor and unemployed for the last 6 months, living with Joy and her two daughters.

### FAMILY HISTORY

**Father:** Roderick, 2nd eldest of 4 sibs, and an airline pilot, died age 43 of a heart attack in 1966 when Ruby 15 years old. Described as a "beautiful" person; family orientated but "chauvinistic and controlling".

**Mother:** Beryl (60), youngest of 4 sibs, died 1985. Worked as a shop assistant in a tourist gift shop in Kenya. Attended boarding school from 6 years and subsequently raised by her eldest sister. Alcohol abuse since Roderick's death. Described as a "soft, warm person, dependant and needy of protection".

#### Grandparents:

**PGF:** Died age 80 (1975) of "old age". Lived in Kenya. Wealthy company director of photography business. Described as a "warm" person.

**PGM:** Died age 94 (1985)? senile dementia past 10 years. Described as "kindly and homely".

**MGF:** Died before Ruby born. Married twice before MGM; 3 children from first marriage. Spoilt mother.

**MGM:** Died before Ruby born, alcoholic who neglected her children. Distant relationship with mother.

#### Siblings:

##### Ruby: (34)

**Dennis:** (33) (St 9). Salesman, married with 3 boys. Immigrated to USA.

**Katherine:** (32) (Std 6). Computer operator. Single, immigrated with Dennis and family to USA. Described as "self-conscious and complexed".

**Neville:** (28) (Std 9). Homosexual, lives with lover and lover's 3 children in Kenya past 7 years. Jointly own an art gallery. Described as "gentle and sensitive".

**Henry:** (23) (Std 8). Single, lives in Kenya past 7 years. Skipper on boats; described as "introverted" when younger, "adored and overprotected" by mother.

## **FAMILIAL RELATIONSHIPS**

### **Marital Relationship:**

Parents socialites in Kenya, who travelled with sponsorships from Roderick's job as airline pilot. Marriage described as "too perfect". Roderick in total command and Beryl very dependent on him, and compliant. Beryl left "defenceless" when Roderick died, unable to cope for herself. The children resented her for her "weakness".

**Roderick - Ruby:** Ruby idealised her father with whom she had a good, close relationship. She remembers him always finding time to talk with her and loved him dearly. After his death she recalls feeling very angry with him for "deserting" Beryl.

**Beryl - Ruby:** Ruby was less close to her mother as a young girl, although she remembers gentle and warm feelings towards her. After Roderick died Beryl's drinking alienated mother from Ruby and Ruby had no direct contact with Beryl for the last 8 years.

**Ruby and siblings:** Ruby was closest to Dennis when she was younger but is closest now to Katherine.

**Home Atmosphere and Influence:** Middle class Catholic family living comfortably in Kenya, and leading a rustic rural influence. When Ruby was 12 years, Roderick decided to come to South Africa due to the political stress in Kenya, and uprooted the family. Beryl and the children were extremely unhappy in Durban, where they had to adjust tremendously, and when Roderick died some 2½ years later, Beryl, Neville and Henry returned to Kenya. Ruby, Dennis and Katherine stayed in South Africa, but Roderick's death effectively caused the disintegration of the family.

## **FAMILY ILLNESSES**

**Medical:** Father - heart attack.

**Psychiatric:** PGM - ?senile dementia  
MGM - alcoholic; depressive with at least one suicide attempt  
Mother - alcoholic.

## **PERSONAL HISTORY**

### **Early History:**

**Pregnancy and birth:** Planned, wanted pregnancy. Full term, normal birth. Breastfed.

**Early development:** Healthy, happy baby. Advanced milestones.

**Neurotic symptoms:** Thumbsucked until age 6. Nail biting from age 12 to 24 years. Remembers early childhood as untraumatic and happy.

## **Education:**

**School :** Began school age 5. Sub A to Std 5 in Kenya. Advanced scholar, loved school and passed Eleven Plus examinations at 10 years. Leader amongst friends. In South Africa put down to Std 4 in Catholic Convent in Durban. Scholastic uprooting traumatic, and Ruby "hated" school, due to her inability to adjust to new friends who were "sophisticated and different". She failed Std 7 and left school after Std 8. Played only compulsory sport and remembers being socially isolated, with only one friend.

**College:** At mother's insistence, Ruby completed a 6 month secretarial course and obtained her diploma after leaving school.

## **Psychosexual Maturation:**

**Menstrual History:** Menarchy age 13, untraumatic. Sexual information from friends.

**Sexual inclinations and practices:** Ruby remembers having homosexual fantasies when she was in Std 6/7 and had a "crush" on a girl at school and on her French teacher. At this stage she remembers feeling guilty about these feelings as her friends did not seem to have them. At the age of 21 she went to a party one night and lost her virginity to a Frenchman whom she did not see again. Since this experience Ruby has had 3 sexual relationships with men but has never felt sexually or emotionally attracted to men.

At the age of 22 she fell in love with a flat mate, Dee, who was a 'straight' girl, but who realised that Ruby was gay and encouraged her to go to gay clubs. At 28 Ruby experienced her first sexual relationship with a woman, Janet, and this relationship, brief but intense, was described as 'good'. A year later she met and fell in love with Sonya with whom she lived for 10 months. The break up of this relationship resulted in depression for Ruby who consulted a psychologist for assistance. At the age of 30, Ruby met Laura with whom she lived for 3 years. Laura broke off the relationship for someone else. This relationship was described as "intense and exclusive".

In October 1984 ruby met Joy and the couple have been living together since January 1985. (See Appendix II for current relationships).

**Occupation:** After leaving school, Ruby worked as a clerk/teller in a bank for 5 months. She then joined a newspaper in Durban, and left on transfer to Johannesburg (1976) where she attained the position of photographer. In 1979 she broke into the world of film photography and worked with an international crew for 3 months. After that, Ruby worked as a production assistant and moved into film editing in 1980. She progressed to assistant editor for a film company in Cape Town. However, due to the economic recess, the film industry in Cape Town has deteriorated and when her contract expired approximately 6 months ago, Ruby stopped working. She is currently unemployed.

**Activities:** Ruby enjoys music, reading and being with Joy and her children.

**Habits:** Occasional dagga; 2/3 glasses of wine at night.

**Present Domestic Circumstances:**

Ruby lives with Joy and her 2 daughters in a 3 bedroomed house in Cape Town. She manages on a budget and is not at present experiencing extreme financial strain, due to an inheritance from her mother.

**Previous Illnesses:**

**Medical:** NAD

**Psychiatric:** 1982, following the termination of a relationship Ruby consulted a psychologist in Cape Town who saw her on about 6 occasions for crises management.

**Basic Personality:**

Ruby finds it difficult to make friends, and has only a few close friends. She involves herself totally in her relationship with Joy, and feels she neglects her other friends at times. Enjoys reading thought provoking novels, dislikes theatre as she is very critical of poor performances. Enjoys films. Sees herself as a moody person. Can be passively aggressive but also able to assert herself if need be. Demonstrative and affectionate and content. Can be impulsive and feels she is too self conscious with a poor self image, relying on others around her to give her confidence. Sees herself as easily influenced, but also flexible.

## **APPENDIX 1.3 : ADOLESCENT DAUGHTER**

### **IDENTIFYING DATA**

Tarryn (14) is a white adolescent child, currently in Std 7 and living with Joy, Ruby and her sister Jacky.

### **FAMILY HISTORY**

**Father:** Martin (33) mechanical technician, remarried with two stepsons and living in Durban.

**Mother:** Joy (31) (See Appendix 1.1)

**Grandparents:**

**PGP's & MGF:** Unknown to Tarryn.

**MGM:** Elizabeth (68) lives alone in Durban. Described as 'bossy'. Tarryn used to get on better with MGM when younger.

**Siblings:** Tarryn (14)

Jacky (7); Sub A; described as 'spoilt' and 'clever'.

**Mother's Lover:** Ruby (34) (See Appendix 1.2).

### **FAMILIAL RELATIONSHIPS**

**Mother and Father and Tarryn:**

Tarryn has many unpleasant memories of the verbal and physical aggression between her parents with her attempting to come between them on a number of occasions prior to the divorce. Despite this, Tarryn was upset at the time of divorce, particularly about Joy taking everything and leaving her father behind. Tarryn felt sorry for Martin and would visit him as often as she could immediately after the separation. She was angry with mother who seemed to want to keep her from her father. However, since the divorce and Joy's move to Cape Town, Tarryn feels ambivalent towards her father. Over the past four years she feels she no longer knows him; he fails to write or telephone her and seems involved in his new life. Tarryn feels rejected and angry and resents having to go spend school holidays with him, although once she's in Durban she enjoys herself. She would like a closer relationship with father.

Tarryn's relationship with her mother is generally an adequate one for her. She feels she can talk to mother, but would like more time with Joy who seems too tired from work and too engrossed in Ruby. She says she enjoys the freedom her mother gives her but at times feels she may be too strict. Tarryn is also afraid of Joy's angry outbursts.

**Ruby and Tarryn:**

Originally Tarryn could not get on with Ruby. She felt jealous of the attention Joy gave Ruby, and hated her mother spending time with Ruby.



However this has settled down now, and she sees Ruby as an elder sister or an aunt.

#### **Tarryn and Jacky:**

Tarryn finds Jacky difficult, a "miss know-it-all". She says that as Jacky is getting older their relationship is less close, although she loves and worries about Jacky.

#### **Home Atmosphere:**

Tarryn lives with Joy, Ruby and Jacky in their own home in Cape Town. Due to mother's homosexuality Tarryn is loath to bring friends home from school except her very closest friends and her boyfriend. She also expresses complaints in terms of not having a traditional home, furnished like that of her friends and wishes they were better off financially.

#### **FAMILIAL ILLNESSES**

**Medical:** MGM : Suspected Cancer  
Mother : Asthma and bronchial spasm

**Psychiatric:** Mother : Depression

#### **PERSONAL HISTORY**

##### **Early History:**

##### **Pregnancy and birth:**

Tarryn was an unplanned child, born when mother 17 and father 19. Joy initially contemplated but rejected abortion. Tarryn was induced 7 days over term, and Joy suffered cervical difficulties during the birth. Breastfed for 3/4 weeks, accepted bottle well.

##### **Early Development:**

Tarryn was a strong, healthy, active baby, but colic 4-8 months. Milestones advanced.

##### **Health:**

Chicken pox at 4 years; measles at 5 years.

##### **Eating Habits:**

Always a small eater.

##### **Elimination Habits:**

Secondary enuresis until 9 years. Spontaneous remission.

**Sleep Habits:**

Between 4-8 years Tarryn also reports recurrent nightmares of dams bursting and water flooding.

**Mood Behaviour:**

nad

**Speech:**

Tarryn had a lisp which was remediated when she was in Std 1, after one year of speech therapy.

**Gratification and Tension Habits:**

nad

**Emotions:**

No temper tantrums. Described as a good child but not always compliant. Prone to sulkiness.

**Fears:**

Afraid of the "boogy man" and rats, when younger.

**Obsessional Behaviour:**

nad

**Play:**

Tarryn could engage in spontaneous play as a younger child and keep herself occupied.

**Peer Relationships:**

Tarryn always preferred to be with older children when she was younger. She has many acquaintances but only a few close friends. (See school history)

**Relations with Adults:**

Relates well to adults, especially women; feels 'strange' with adult males.

**Antisocial Trends:**

nad

**Psychosexual Development:**

Menarchy at 9 years, 28 day cycle. Experiences pre-menstrual tension;

headaches, stomach-ache, fainting spells about every 3rd month.

Tarryn has a boyfriend, Paul, in Std 9 at her school. They have been dating for about 18 months, and she gains tremendous support and security from Paul.

### **Schooling:**

Tarryn began school at age 5 in Durban and remained at the same school until Std 3. She did not really enjoy junior school, and just passed. She had one best friend at school, and she participated in athletics, tennis and swimming.

Half way through Std 3, Tarryn moved with mother and Jacky to Cape Town where she attended a private school as a boarder for 18 months. She enjoyed this school where there were only 14 girls in her class and she made close friends. Her school work improved and she came 3rd in class during this time. She participated in team swimming and diving which she liked.

In Std 5 she moved from the private school (which was too expensive for mother) to a local government school and ceased being a boarder. Initially it was difficult for Tarryn as the students called her a 'snob'. Now in Std 6 and 7 in the same school her school work has stabilised and she is an above average student. She has friends and participates in tennis, athletics and swimming. In the beginning of Std 7 she began to mix with some girls who were "rebels", but has now stopped that and her schoolwork has improved.

### **Activities and Hobbies:**

Tarryn spends her time listening to music, visiting friends, going shopping and watching TV. She takes modern dancing each week which she enjoys. She likes reading love stories and going to movies.

### **Basic Personality:**

Tarryn tends to suppress her angry feelings and sulks a lot. She resorts to tears if she is frustrated or will slam doors or be sarcastic. She is slightly shy and cautious with new people or in new situations, but settles down quickly and opens up. She is an affectionate person but at times finds it difficult to express herself. She cries easily and is sensitive to others being hurt. She gets upset when criticised.

## **APPENDIX 1.4 : YOUNGER DAUGHTER**

### **IDENTIFYING DATA**

Jacky, 7, is currently in Sub A, and lives with her mother (Joy), her mother's lover (Ruby) and her sister Tarryn (14).

**Family History:** (See Appendices 1.1, 1.2 & 1.3)

### **FAMILIAL RELATIONSHIPS**

#### **Father and Jacky:**

Jacky was very young (3 years) when her mother and father separated. She reports a "nice" relationship with her father who spoils her. She wishes she could see him more often.

#### **Mother and Jacky:**

Jacky's relationship with her mother seems appropriate. Jacky would like to spend more time with her mother. Joy is strict with Jacky who constantly tests her. (See Appendix 2).

#### **Jacky and Tarryn:**

Jacky loves her sister, although she says they fight sometimes.

#### **Jacky and Ruby:**

Jacky gets on well with Ruby and sees her as "another mother".

### **PERSONAL HISTORY**

#### **Early History:**

#### **Pregnancy and birth:**

Jacky was a planned baby, 5 weeks after Joy had a spontaneous miscarriage. Birth induced and epidural. Martin disinterested in the new child.

#### **Early Development:**

Jacky was a quiet, passive baby, but developed colic from 8-12 months, and often had colds and bronchial difficulties.

#### **Feeding:**

Bottle fed, 4 hourly schedule. No difficulties.

#### **Milestones:**

Above average development. Toilet trained at 2½ years, but Jacky had difficulties with cleaning herself until age 4½.

**Health:**

Normal childhood diseases : chicken-pox, mumps. At 16/18 months Jacky accidentally drank a bottle of paraffin and was rushed to hospital where she had a stomach wash and stayed overnight for observation.

**Eating Habits:**

A good eater.

**Elimination Habits:**

Primary enuresis until age 3.

**Sleep Habits:**

nad

**Motor Behaviour:**

nad

**Speech:**

nad

**Gratification and Tension Habits:**

nad

**Emotions:**

Can be volatile.

**Fears:**

Fear of dark at age 5.

**Obsessional Behaviour:**

nad

**Play:**

Jacky engages in spontaneous play and fantasy play, although she likes to be entertained. She is a child who needs stimulation.

**Peer Relationships:**

Jacky gets on well with others, plays with children her own age and takes the position of leader in her class. She stands up for herself, but is also sensitive to others.

**Relations with Adults:**

Joy feels that Jacky's relations with adults are problematic. She is attention-seeking and seductive in her approach.

**Antisocial Trends:**

nad

**Disobedience and Discipline:**

Joy feels that at times she is inconsistent with disciplining Jacky who takes advantage of her (See Appendix 2).

**Psychosexual Development:**

Jacky is sexually aware.

**Schooling:**

At 16 months to 3 years Jacky attended a play school in Durban on a full day basis which she seemed to enjoy. At 3 years in Cape Town she spent one year at a centre which mother felt was inadequate due to a lack of trained staff, and poor hygiene. Joy moved her to another pre-school centre where she remained until she started school in 1986. Her formal schooling in Sub A seems to be progressing without difficulty, and she attends a day centre in the afternoons. She has 4 or 5 favourite friends. Mother feels concerned about Jacky being teased or stigmatised at the day centre about her homosexuality, although Jacky has not herself mentioned this.

**Basic Personality:**

Jacky is an outgoing child who likes people. She adapts easily to new situations and people and is openly affectionate.

**APPENDIX 2**

**FAMILY K**

**ASSESSMENT USING THE McMASTER  
MODEL OF FAMILY FUNCTIONING**

## CLINICIAN'S DESCRIPTION OF PERTINENT DATA:

### FAMILY AS A GROUP

#### EXTERNAL ADAPTATION:

Joy (31) and her two children from a previous marriage Tarryn (14) and Jacky (7) began living with Ruby (34) some six months prior to this assessment. The two women are homosexually involved.

The family at the time of this initial assessment were living in a rented house in Cape Town; Joy and her children having previously come from Durban. Joy and Ruby are attached to a gay community of friends in Cape Town, but neither of them are actively involved in gay liberation organisations nor do they frequent gay bars. Joy earns a reasonably good salary as a technically trained person and with Ruby's help the family manage to live in a moderate neighbourhood and to provide for the children. The family do not partake in community or sporting activities and spend weekends either braaiing at home with friends, watching videos or going to the beach. Joy feels they are somewhat socially isolated.

#### INTERNAL ADAPTATION: FAMILY SCHEMA

#### PROBLEM SOLVING:

Problem solving seems to be particularly well handled in this family, especially instrumental problems. Joy identifies the problem (ie. lack of money) communicates it firstly to Ruby and then to the children, and develops strategies to combat it such as tightening up the budget. This action is monitored and evaluated for success and new alternatives attempted if necessary.

Affective problems are also identified mainly by Joy (such as Tarryn's initial jealousy of Ruby). At times, possibly due to her anxieties about the welfare of the children, Joy tends to overinterpret their emotions and behaviour. She will, however, communicate her fears to the family, and if necessary the family will of coping with the problem.

#### COMMUNICATION:

Communication about instrumental issues in the family seems to be clear and direct, and the children are involved, for example in housing decisions. Affective communication between Joy and Ruby and the children is also mostly clear and direct, however at times the children display marked and indirect communication of affect. For example Tarryn's initial jealousy of Ruby's inclusion in the family was expressed in sulking and argumentative behaviour, which continued for some two months after Ruby moved in. However, Joy was astute enough to be alerted to Tarryn's distress and forced Tarryn to talk about her feelings. When pushed like this Tarryn was able to say clearly and directly that she was jealous of Joy's relationship with Ruby.



## **ROLES**

**Executive Functions:** are performed mostly by Joy, although she is supported by Ruby. Joy experiences some task overload.

**Provision of Resources:** Provided by both Joy and Ruby.

**Nurturance and Support:** The family are a close, warm unit and are able to provide each other with nurturance and support. Joy and Ruby are supportive of each other, although Joy tends to ask for less help from Ruby than she could. The children tend to go to Joy for nurturance and love but over the last few months they have begun to approach Ruby who assists with such things as lifts, meals and school activities.

**Sexual Gratification:** Not explored in the presence of the children (See Section C).

**Personal Development:** The children's personal needs are continually addressed by Joy somewhat over-anxiously in the light of her homosexuality. Joy feels their personal development is important and the children are encouraged to do things they enjoy (such as Tarryn's dancing). Joy's personal development is at present stifled and she feels trapped on a path whereby she has to work in order to support her children. She feels she has little time to grow in other areas she might enjoy. Ruby is also at present questioning her development in the film business.

**Systems management and maintenance:** Is handled entirely by Joy; who feels depressed due to being overloaded as a single parent. However, she seems unable to relinquish some of the burden and to let Ruby assist her, who is more than willing. At times, Ruby feels like an outsider in the family, as not having had to deal with children before, she perhaps couldn't help Joy as much as she would have liked to.

## **AFFECTIVE RESPONSES:**

The family are able to respond with a wide range of feelings from anger to humour, warmth, sadness and empathy when appropriate. Joy, however, is subject to aggressive outbursts, particularly when stressed, overburdened and depressed, and this frightens the family. Tarryn's sulky behaviour instead of direct aggression when appropriate is also seen to be negative to the system.

## **AFFECTIVE INVOLVEMENT:**

Joy is at times affectively overinvolved with her children, but mostly the family are empathetically involved.

## **BEHAVIOUR CONTROL:**

Behaviour control, setting of limits and boundaries and discipline was seen to be the most problematic schema in this family. Joy does most of the disciplining but seems to be inconsistent, fluctuating from a rigid, authoritarian style to no limit setting at all. Jacky particularly

takes advantage of this, and Joy was experiencing difficulties with bedtime, rising and dressing for Jacky. Rules for Tarryn re telephone usage and eating habits were also inconsistently adhered to, and the children seemed to have little ability to negotiate. However, during the assessment, Joy realised what was going on, encouraged the children to negotiate and rules were established for areas of conflict. Joy also undertook to be more consistent.

#### SUMMARY

Generally the family were found to be functioning well according to this problem centred model. Their major difficulties related to :

- Joy's anxieties (perhaps unnecessarily), about having 'damaged' the children due to her homosexual orientation and the divorce;
- Joy's overburdened role in the family and her inability to delegate to Ruby which makes her depressed and excludes Ruby, who feels unsure of her position;
- Joy's feelings and depression about her stifled personal development;
- Inconsistent behaviour control, with the children having little or no room for negotiation.

However, no gross family pathology such as scapegoating was observed.

#### NOTE : ONE YEAR LATER

One year later the family were seen to be functioning with more stability. Ruby's induction into the family seemed complete and the children seemed to turn to her more noticeably and to consider her a true family member. Behaviour control of the children seemed more consistent, especially with Jacky who seemed to have settled down somewhat, displaying less attention-seeking behaviour, and more age appropriate responses.

However, Joy seemed to be even more overloaded with family responsibilities. Ruby had subsequently stopped working and it seemed as if Joy experienced this as further dependency upon her. She is seen to have reacted to this with increased depression.